

AMENDMENT NO. 1 TO SUBRECIPIENT AGREEMENT

Subrecipient: **Community Assistance Center**

Address: **1130 Hightower Trail**

City, State **Sandy Springs, GA 30350**

Telephone: (770) 282-0904

Facsimile or:

E-mail address francis.horton@ourcac.org

Contact: **Francis Horton**

W I T N E S S E T H

WHEREAS, the purpose of this Agreement is to provide, **HOMELESS PREVENTION**, as set forth in 24 CFR Part 576, and to meet a national objective to prevent and end homelessness for at-risk individuals and families [as set forth in 24 CFR §576.102, 576.103, 576.104, 576.105, through §576.107]; and

WHEREAS, the Grantee has received an allocation of Emergency Solutions Grant ("ESG") funding and considers the emergency funding for Subrecipient will further the purpose of this grant; and

WHEREAS, Subrecipient will be responsible for providing homeless prevention services as outlined in 'Attachment A: Statement of Work'; and

WHEREAS, the Agreement was approved by the Fulton County Board of Commissioners ("BOC") on October 20, 2021, Agenda Item #21-0798; and

WHEREAS, the term of the Agreement will run from November 1, 2021 to October 31, 2022, with the Subrecipient completing the Scope of Work within that time period; and

WHEREAS, Amendment No. 1 will add an additional \$25,000 of Coordinated Intake and Assessment System Grant funding to support homeless and at risk of homelessness activities to be expended by August 31, 2022.

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

This Amendment No. 1 to the Agreement is effective upon approval to commence on date of approved by the BOC through August 31, 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. 1. to the Agreement and as follows.

1. **TIME OF PERFORMANCE:** The ESG services of the Subrecipient shall commence on November 1, 2021 and shall terminate no later than the October 31, 2022, unless earlier terminated as set forth in the Agreement.

The CIAS services of this Sub recipient agreement shall commence on date approved by the BOC through August 31, 2022.

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. 1 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. 1 TO THE AGREEMENT:** Except as modified by this Amendment No. 1, 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

Francis Horton, Executive Director
COMMUNITY ASSISTANCE
CENTER

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

**Fulton County FY20 Emergency Solutions Grant and Coordinated
Intake and Assessment System Program
Amendment 1 ATTACHMENT A: Statement of Work**

Provide a succinct description of your activities to be delivered that will be reimbursed with Fulton County FY20 ESG and 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 FY20 ESG or CIAS.

Goal

To provide financial assistance, financial services and/or rental assistance as eligible components of homeless prevention.

To provide supportive services as an eligible component of the Coordinated Intake and Assessment System grant.

Target Population

Individuals/families at risk of homelessness.

Number of Beneficiaries

Approximately 25 households.

Fulton County FY20 Emergency Solutions and Coordinated Intake and Assessment System Grant Program

Amendment 1 ATTACHMENT B: Cost Reimbursement Budget

BUDGET BREAKDOWN:

Attach the service-operating budget for the service to be delivered over the Agreement period (**November 1, 2021 – October 31, 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 and/or CIAS20 including a reimbursement schedule acknowledging draw-downs of FY20 ESG and/or CIAS 20 funds for this activity. Do not include information on other activities not funded with FY20 ESG or FY20 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	Housing Relocation & Stabilization Financial Assistance: \$ _____	\$ 25,000
		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: _____	
	Supportive Services (CIAS)	Supportive Services	\$25,000
Total Cost Reimbursement Budget			\$50,000

AMENDMENT 1 ATTACHMENT C: Monthly Performance Report

Subrecipient Name: _____

CIAS 20 Activity: _____

ESG *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 (November 1, 2021 – October 31, 2022).

CIAS * 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 (June 15, 2022- August 31, 2022).

Note: Acceptable performance reports will include HMIS supporting data. Accepted reports will be those that include HMIS reports.

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 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					
CIAS Expenditures					
Total CIAS Expenditures					