

AMENDMENT NO. 1 TO SUBRECIPIENT AGREEMENT

Subrecipient: **Travelers Aid of Metropolitan Atlanta dba Hope Atlanta**

Address: **34 Peachtree St., NW**

City, State **Atlanta, GA 30303**

Telephone: **(404) 817-7070**

Facsimile or:
E-mail address **jsmythe@hopeatlanta.org**

Contact: **Jeff Smythe, Chief Executive Officer**

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a subrecipient Agreement ("Agreement") with Travelers Aid of Metropolitan Atlanta dba Hope Atlanta ("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 \$88,790 (Eighty Eight Seven Hundred Ninety dollars); and

WHEREAS, Amendment No, 2 will extend the grant term for the Emergency Solutions CARES Act grant funding term from October 1, 2020 through September 30, 2021 to October 1, 2020 December 31, 2021.

WHEREAS, this Amendment no. 1 was approved by the Fulton County Board of Commissioners on **September 15, 2021**, Agenda Item **21-xxxx**.

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

This Amendment No. 1 to the Agreement is effective as of the ____ day of September, 2021, between the County and the Subrecipient who agree that all services specified will be performed by in accordance with this Amendment No. 1 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 \$88,790 (Eighty Eight Seven Hundred Ninety Dollars).
3. **LIABILITY OF COUNTY:** This Amendment No. 1 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. 1 TO THE AGREEMENT:** Except as modified by this Amendment No. 1, 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

Jeff Smythe, Chief Executive Officer
Travelers Aid of Metropolitan Atlanta
dba Hope Atlanta

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 1 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.

Goal

HOPE Atlanta will utilize the funding award from Fulton County in the amount of \$88,790 to implement our COVID Response to address the spike in requests for assistance during the period since the COVID-19 Pandemic began. The expanded program will leverage Fulton County funds with existing grant funds to provide case management, emergency shelter (hotel/motel vouchers) and homelessness prevention (short-term rental assistance), to 12 households (36 individuals) that are homeless or at risk of homelessness in Fulton County as a result of the COVID-19 Pandemic Crisis. Our COVID Response Program will offer a broad continuum of services to participants through the following activities that will enable individuals to move past personal, financial, and housing crises to become self-sufficient and stably housed

Case Management (12 households) - To ensure each client is successful in their efforts to achieve long-term self-sufficiency and maintain stable housing, the case manager will maintain contact with each client, through office visits or phone calls, to ensure the client continues to receive access to supportive services. Case management will be an ongoing process, but at a minimum, all clients will receive follow-up case management contacts at 30-day intervals to assess their progress and ensure they maintain housing stability. All case management notes, intakes, assessments, client contacts, referrals, financial assistance, progress towards Individual Service Plan goals, and follow-up contact will be documented in both paper files and in the ClientTrack HMIS database.

Emergency Lodging (10 households, 20 individuals) - Short-term emergency housing assistance that provides hotel/motel vouchers for up to 8 weeks, at an average of \$400 per week per household, to provide homeless clients (families, couples or individuals) with emergency lodging when shelters are full or the client has special needs that make it inappropriate or difficult to place them in a shelter (e.g. some shelters will not accept families with teenage males or persons with severe disabilities). The primary purpose for providing emergency lodging assistance is to help stabilize individuals and families, who have identified and been approved for housing, in a hotel/motel situation for up to 8 weeks while they wait to move into their unit;

Eviction Prevention & Housing Relocation and Stabilization Services (2 households, 4 individuals) - Financial assistance is provided to either offset past due rent for up to three (3) months or relocate clients to a more affordable unit by providing assistance with application fees, security deposits and/or first month's rent. Financial assistance is provided at an average \$1,000 per month per household at-risk of becoming homeless. Assistance is provided to clients that would normally have the financial means to support themselves; however, due to a short-term financial crisis, they have exhausted all other available financial resources and would become homeless without assistance from HPRP; financial assistance is provided for clients that have received

eviction notices to avoid the loss of housing. Program services include case management, advocacy, and referrals focused on helping clients stabilize and improve their economic situations. To receive assistance, clients must be able to show that there is a reasonable prospect they can resume and maintain payments within a short period of time or that with relocation and stabilization services, they will be able to sustain their housing.

All payments will be approved and provided with Environmental Reviews. All data and payments will be logged into Client Track. Hope Atlanta 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 the month for processing).

Target Population

This program will provide case management, emergency shelter (hotel/motel vouchers) and homelessness prevention (short-term rental assistance), to 12 households (24 individuals) that are homeless or at risk of homelessness in Fulton County as a result of the COVID-19 Pandemic Crisis.

Number of Beneficiaries

The projected number of beneficiaries assisted with ESG CV-1 funds will be 12 households (24 individuals).

Fulton County Emergency Solutions CV Grant Program AMENDMENT 1 ATTACHMENT A: Statement of Work

BUDGET BREAKDOWN:

Attach the service-operating budget for the service to be delivered over the 15-month Agreement period (October 1, 2020 – December 31, 2021) 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: _____ | \$79,716 |
| | | 2. Operations: _____ | |
| | Homeless Prevention | Housing Relocation & Stabilization Financial Assistance: \$ _____ | \$7,074 |
| | | 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: _____ | \$ |
| | Admin | Admin _____ | \$2,000 |
| Total Cost Reimbursement Budget | | | \$88,790.00 |

AMENDMENT 1 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 – December 31, 2021).

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 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 | | | | | |