

AMENDMENT NO. 2 TO SUBRECIPIENT AGREEMENT

Subrecipient: **Society of St. Vincent DePaul**
Address: **2050-C Chamblee Tucker Road**
City, State **Atlanta, GA 30341**
Telephone: (678) 892-6160
Facsimile or:
E-mail address pmcnulty@svdpgeorgia.org
Contact: **Patrick McNulty, Chief Executive Officer**

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a subrecipient Agreement ("Agreement") with Society of Saint Vincent DePaul ("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, Amendment No. 1 was approved by the Fulton County Board of Commissioners on April 14, 2021, Agenda Item 21-0252, to change the end date of the Agreement (May 1, 2021 and to run through April 30, 2022); and

WHEREAS, Subrecipient has requested a Twenty One Thousand Seven Hundred Fourteen Dollars and Zero Cents (\$21,714) grant increase in the \$33,286 and to extend the contract end date from April 30, 2022 to July 31, 2022; and

WHEREAS, the additional grant award will increase the contract from Thirty Three Two Hundred Eighty Six Thousand Dollars and Zero Cents (\$33,286) to Fifty Five Thousand Dollars (\$55,000) as outlined in the Attachment A: Budget; and

WHEREAS, Subrecipient will complete the activities outlined in the statement of work for an amount not to exceed \$55,000; and

WHEREAS, the parties wish to amend the total compensation for the use of funds and time extension for outreach and Homeless prevention and rapid rehousing.

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

This Amendment No. 2 to the Agreement is to provide as follows:

1. **TIME OF PERFORMANCE:** The services of the Subrecipient shall be extended from April 30, 2022 to a new end date of July 31, 2022, unless earlier terminated as set forth in the Agreement.
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 additional grant award will increase the contract from Thirty Three Two Hundred Eighty Six Thousand Dollars and Zero Cents (\$33,286) to Fifty Five Thousand Dollars (\$55,000) as outlined in the Attachment A: 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 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.

[SIGNATURES ON NEXT PAGE]

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

Patrick McNulty, Chief Executive
Officer
Society of Saint Vincent DePaul

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: _____

Pamela Roshell
Interim Director of Community
Development

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RCS: _____
RECESS MEETING

ITEM#: _____ RM: _____
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 not include information on other activities not funded with FY20 ESG.

Goal

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

To provide financial services financial assistance and/or rental/utility assistance as a component of rapid rehousing.

Target Population

The Society of St. Vincent de Paul Georgia Homelessness Prevention Program provides case management and direct financial assistance to low-income households facing housing insecurity with the goal of meeting their basic needs in order to prevent evictions and homelessness. Through long-term case management services, SVDP caseworkers will help eligible clients, avoid eviction, and stay in their current homes or become rehoused in stable apartments from extended stay motels and additionally as a condition of COVID provide hotel motel vouchers as a resource for homeless prevention.

Number of Beneficiaries

ESG funds will be used to serve approximately 6 or more households.

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 12-month Agreement period (May 1, 2021 – April 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 draw-downs 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 (see Appendix A)	Total Activity Cost
	Shelter	1. Essential Services: _____	\$
		2. Operations: _____	
	Homeless Prevention	Housing Relocation & Stabilization Financial Assistance: \$ _____	\$27,500
		1. Housing Relocation & Stabilization Financial Services: \$ _____	
		2. Rental Assistance: _____	
	Rapid Rehousing	1. Housing Relocation & Stabilization Financial Assistance: _____	\$16,643
		1. Housing Relocation & Stabilization Financial Services: _____	
		2. Rental Assistance: _____	
	Outreach	1. Essential Services: _____	
Total Cost Reimbursement Budget			\$ 55,000
Total Cost Reimbursement Budget			\$55,000

ATTACHMENT C: Monthly Performance Report

Subrecipient Name: _____

FY20 ESG 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 (May 1, 2021 – April 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 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					