Effective the latter of July 1, 2022 or the last date of the signatories, this amends the above referenced **Contract as follows:**

- 1. In 1.1, last addressed in Amendment #0004, the total contract dollar amount of \$4,617,754.10 is replaced by \$5,022,252.90.
- 2. The highlighted portion below amends A-7., last addressed in the original contract.
 - A-7. <u>OTHER TERMS</u> Attachment Updates At its sole discretion, the Department reserves the right to make changes to **Attachments D1-D7**, **E1-E4**, **F1-F4**, **F6**, **F7**, **F2.1**, **F3.1**, **F4.1**, **F6.1**, without a formal written amendment.
- 3. The highlighted portion below amends B-1.5., last addressed in Amendment #0001. The non-highlighted portions are solely for context and unaffected by this amendment.
 - B-1.5. Emergency Solutions Grant CV (ESG-CV and ESG-CV3) Pursuant to 24 CFR Part 576, provide services and payment, as applicable and allowable, to prevent, prepare for, and respond to coronavirus, among individuals and families who are homeless or receiving homeless assistance and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts created by coronavirus. ESG-CV and ESG-CV3 have the same applicability throughout the contract as ESG unless otherwise stated within this Contract, or addressed either through guidance from HUD or the State Office on Homelessness.
- 4. In C-3-1.1.1 and C-3-1.2.1., as last addressed in Amendment #0001, after the word "ESG-CV" insert the phrase "and ESG-CV3".
- The highlighted portion below amends D-3., last addressed in Amendment #0005.

D-2.3.8. ESG-CV Rapid Re-Housing Activities – The ESG-CV Grant Re-Housing Projects will serve, at a minimum, the following number of individuals each month.

Fiscal Year (FY)	FY 19-20	FY 20-21	FY 21-22	FY 22-23
Total Individuals Served Each Month	0	3	6	3

6. D-2.3. last addressed in Amendment #0005 is amended to add

D-2.3.8. ESG-CV Rapid Re-Housing Activities – The ESG-CV Grant Re-Housing Projects will serve, at a minimum, the following number of individuals each month.

Fiscal Year (FY)	FY 19-20	FY 20-21	FY 21-22	FY 22-23
Total Individuals Served Each Month	0	3	6	3

D-2.3.9 ESG-CV3 Street Outreach Activities – The ESG-CV Street Outreach Projects will serve, at a minimum, the following number of individuals each month

Fiscal Year (FY)	FY 23-24
Total Individuals Served Each Month	4

D-2.3.10 ESG-CV3 Rapid Re-Housing Activities – The ESG-CV Rapid Re-Housing Projects will serve, at a minimum, the following number of individuals each month.

Fiscal Year (FY)	FY 23-24
Total Individuals Served Each Month	3

- 7. D-2.5. is amended to add:
 - D-2.5. Rapid Unsheltered Survivor Housing (RUSH) The applicability of this section is identified in section B-1.6. of this Contract. The provider shall provide eligible emergency shelter including expenses related to operating emergency shelters or essential services, street outreach to unsheltered individuals, and/or homeless prevention and rapid re-housing assistance to eligible individuals in the geographic area.

D-2.5.1. RUSH Street Outreach Activities – The RUSH Street Outreach Project will serve, at a minimum, the following number of individuals each month

Fiscal Year (FY)	FY 23-24	FY 24-25
Total Individuals Served Each Month	No monthly minimum	No monthly minimum
	deliverables	deliverables
	to be served/see	to be served/see
	annual deliverables	annual deliverables

D-2.5.2. RUSH Rapid Re-Housing Activities – The RUSH Rapid Re-Housing Activities will serve, at a minimum, the following number of individuals each month.

Fiscal Year (FY)	FY 23-24	FY 24-25
Total Individuals Served Each Month	No monthly minimum	No monthly minimum
	deliverables	deliverables
	to be served/see	to be served/see
	annual deliverables	annual deliverables

8. The highlighted portion below amends D-3., last addressed in Amendment #0005.
D-3.3.8 ESG-CV Rapid Re-Housing Activities – The ESG-CV Rapid Re-Housing Projects will serve, at a minimum, the following number of individuals each fiscal year.

Fiscal Year (FY)	FY 19-20	FY 20-21	FY 21-22	FY 22-23
Total Individuals Served Each Fiscal Year	0	27	72	<mark>36</mark>

9. D-3.3., last addressed in Amendment #0005 is amended to add

D-3.3.9 ESG-CV3 Street Outreach Activities – The ESG-CV Street Outreach Projects will serve, at a minimum, the following number of individuals fiscal year.

Fiscal Year (FY)	FY 23-24
Total Individuals Served Each Fiscal Year	48

D-3.3.10 ESG-CV3 Rapid Re-Housing Activities – The ESG-CV Rapid Re-Housing Projects will serve, at a minimum, the following number of individuals fiscal year.

Fiscal Year (FY)	FY 23-24
Total Individuals Served Each Fiscal Year	36

7. D-3.5. is amended to add:

D-3.5.1. RUSH Street Outreach Activities – The RUSH Street Outreach Project will serve, at a minimum, the following number of individuals each fiscal year.

Fiscal Year (FY)	FY 23-24	FY 24-25
Total Individuals Served Each Fiscal Year	75	75

D-3.5.2. RUSH Rapid Re-Housing Activities – The RUSH Rapid Re-Housing Activities will serve, at a minimum, the following number of individuals each fiscal year.

Fiscal Year (FY)		FY 24-25
Total Individuals Served Each Fiscal Year	9	9

- 8. The highlighted portions below amends the table in **F-2.1**, last addressed in **Amendment #0005**. The non-highlighted parts are for contextual purposes only and are unaffected by this Amendment.
 - F-2.1 This is a multi-year fixed price and/or cost reimbursement contract for the provision of services to homeless persons. The Department shall pay the Provider for the delivery of service units provided in accordance with terms of this contract for a total dollar amount not to exceed \$5,022,252.90, subject to availability of funds. The total contract amount shall be allocated as follows:

FISCAL YEAR	ANNUAL FUNDING	
2019-2020	\$436,142.85	
2020-2021	\$741,683.46	
2021-2022	\$1,333,577.94	
2022-2023	\$1,234,064.15	
2023-2024	\$794,953.29	
2024-2025	\$481,831.21	
Total	\$5,022,252.90	

- 9. F-2., last addressed in Amendment #0005 is amended to add F-2.1.7 and F-2.1.8.:
 - F-2.1.7. Emergency Solutions Grant CV3 (ESG-CV3) The Department agrees to reimburse for allowable costs listed below for ESG-CV3 Activities.

FISCAL	UNIT OF SERVICE	UNITS	RATE	FISCAL YEAR
YEAR				TOTAL

2023-2024	One Month of Eligible ESG-CV3 Grant Activities	NA	NA	\$238,810.44
Total				\$238,810.44

F-2.1.8. Rapid Unsheltered Survivor Housing (RUSH) – The Department agrees to reimburse for allowable costs listed below for RUSH Activities.

FISCAL YEAR	UNIT OF SERVICE	UNITS	RATE	FISCAL YEAR TOTAL
2023-2024	One Month of Eligible RUSH Grant Activities	NA	NA	\$120,000.00
2024-2025	One Month of Eligible RUSH Grant Activities	NA	NA	\$45,688.36
Total				\$165,688.36

- **10. F-4.5.3**. is amended to read: "A match is not required for funds received under ESG-CV, ESG-CV3 or RUSH"
- 11. The attached ATTACHMENT D6 Emergency Solutions Grant CV3 Monthly Status Report is added.
- 12. The attached ATTACHMENT F6 Emergency Solutions Grant CV3 INVOICE is added.
- 13. The attached ATTACHMENT F6.1 Emergency Solutions Grant CV3 ROLL-UP REPORT is added.
- 14. The attached ATTACHMENT F6.1 Emergency Solutions Grant CV3 ROLL-UP REPORT is added
- 15. The attached ATTACHMENT F7 Rapid Unsheltered Survivor Housing (RUSH) INVOICE is added.
- The attached ATTACHMENT F7.1 Rapid Unsheltered Survivor Housing (RUSH) ROLL-UP REPORT is added.
- 17. All provisions in the Contract and any attachments thereto in conflict with this Amendment are changed to conform with this Amendment. All provisions not in conflict with this Amendment are still in effect and are to be performed at the level specified in the Contract. This Amendment and all its attachments are made a part of the Contract.

IN WITNESS THEREOF, the parties cause this amendment to be executed by their duly authorized officials.

PROVIDER		DEPARTM	ENT
Signature:	Tara Booker	Signature:	Shevaun L. Harris
Name:	Tara Booker	Name:	Shevaun L. Harris
Title:	Interim CEO	Title:	Secretary
Date:	7/5/2023 7:50 PM EDT	Date:	7/6/2023 8:05 AM EDT
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ATTACHMENT D6 - EMERGENCY SOLUTIONS GRANT-CV3 MONTHLY STATUS REPORT

dropdown	Provider Name	Monthly Status Report			
prepopulate	Contract #	dropdown	Month of Services		
ATTESTATION: By completing	ng this report, I certify to the	best of my knowledge and	d belief that the report is true,		

ATTESTATION: By completing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purpose and objectives set forth in the terms and conditions of the Award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statement, false claims, or otherwise. Additionally, I certify that all invoices supporting this report have been submitted to the Department in accordance with this agreement.

Name & Title of Agency Official

Date

Emergency Solutions Grant-CV3 Deliverables (minimum monthly deliverable for activity)	Street Outreach #	Emergency Shelter #	Prevention #	Rapid Rehousing #
Total Individuals Served by Activity (Monthly)				
Total Individuals Served by Activity (Year to Date)				

Emergency Solutions Grant-CV3 Output Measures	Street Outreach	Emergency Shelter	Prevention	Rapid Rehousing
New Individuals Served this Month				
Individuals with Increased Income (benefits)				
Individuals with Increased Income (employment)				
Individuals Connected to Housing Case Management				
Individuals Permanently Housed				
Average Financial Assistance Provided			\$ -	\$ -

Remaining Stably Housed	3 months	6 months	9 months	12 months
Total Individuals Housed by Emergency Solutions Grant-CV3 Funding				
Individuals Remaining Stably Housed by Emergency Solutions Grant-CV3 Funding				
Percentage Remaining Housed by Emergency Solutions Grant-CV3 Funding	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

ATTACHMENT D7 - RAPID UNSHELTERED SURVIVOR HOUSING (RUSH) MONTHLY STATUS REPORT

dropdown	Provider Name	Monthly Status Report				
prepopulate	dropdown	Month of Services				
ATTESTATION: By completing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purpose and objectives set forth in the terms and conditions of the Award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statement, false claims, or otherwise. Additionally, I certify that all invoices supporting this report have been submitted to the Department in accordance with this agreement.						
Name & Title of Agency Official			Date			

RUSH Grant Deliverables (minimum monthly deliverable for activity)	Street Outreach #	Emergency Shelter #	Prevention #	Rapid Rehousing #
Total Individuals Served by Activity (Monthly)				
Total Individuals Served by Activity (Year to Date)				
RUSH Grant Output Measures	Street Outreach	Emergency Shelter	Prevention	Rapid Rehousing
New Individuals Served this Month				
Individuals with Increased Income (benefits)	and the second s			
Individuals with Increased Income (employment)				
Individuals Connected to Housing Case Management				
Individuals Permanently Housed				
Average Financial Assistance Provided			\$ -	\$ -
Remaining Stably Housed	3 months	6 months	9 months	12 months
Total Individuals Housed by RUSH Grant Funding				
Individuals Remaining Stably Housed by RUSH Grant Funding				
Percentage Remaining Housed by RUSH Grant Funding	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

ATTACHMENT F6 – EMERGENCY SOLUTIONS GRANT-CV3 MONTHLY INVOICE

EMERG	MERGENCY SOLUTIONS GRANT- CV3						FEID#		prepo	pulate	
Contract #	prepopul	ate		Provide	Name	e dropdown					
Invoice #	prepopul	ate		3		prep	opulat	e			
Invoice Period	dropdov	wn	Address		s prepopulate						
			For Use by	Provid	er						
Org Code	Description	Deliver -able	Served this Month		oved Iget		ment ount	Payr	vious nent(s) otal		ce After ayment
60303025209	Street Outreach	0		\$	-	\$	-	\$	-	\$	-
60303029209	Emergency Shelter	0		\$	-	\$	-	\$	-	\$	-
60303024209	Prevention	0		\$	-	\$	-	\$	-	\$	-
60303021209	Rapid Rehousing	0		\$	-	\$	-	\$	-	\$	-
60303023209	HMIS			\$	-	\$	-	\$	19 -	\$	-
60303022209	Admin			\$	-	\$	-	\$	_	\$	
	Total			\$	-	\$	-	\$	-	\$	-

By signing this invoice, I certify to the best of my knowledge and belief that the invoice is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal or State Award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. Additionally, I certify that all reports supporting this invoice have been submitted to the Department in accordance with this agreement.

Signature of Provider Official		Date Name & Title of Provider Official				
	For U	Ise by Contract Ma	nnager Only			
Will a Financial Consequence be applied?	I Consequence be Fin. Conseq. (5% of Total Amount) 603030		Date of Invoice Received			
Yes / No	Delayed	603030 25 209	Date Goods/Services Received			
Deliverables Met (if no, see dela	Day ma one /100/	603030 29 209	Date Goodsy Services Neceived			
payment section)	Unmet	603030 24 209	Date Goods Inspected and Approved			
Yes / No	Deliverable)	603030 21 209	Date Invoice Approved			
Org See payment detail abov	e Recoupment	603030 25 209	Contract Manager Name			
OCA	(Previous Unmet	603030 29 209				
EO	Deliverable Achieved)	603030 24 209	Contract Manager Signature			
Object	Achieved)	603030 21 209				
Category	Total Paymer	nt Amount				

ATTACHMENT F6.1 - EMERGENCY SOLUTIONS - CV3 GRANT ROLL-UP REPORT

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	Total	\$	-
Administrative Costs			
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	Total (10%)	\$	_
TOTAL AMOUNT SUBMITTED FOR PAYMENT		A	
	Total	\$	-

ATTACHMENT F7- RAPID UNSHELTERED SURVIVOR HOUSING (RUSH) MONTHLY INVOICE

EMEF	RGENCY SO	LUTION	S GRAN	Γ- R	USH	FEID	#		prep	opula	te
Contract #	prepop	ulate	Provider Name			dropdown					
Invoice #	prepop	ulate				prep	opulate				
Invoice Period	dropdo	own	Address		prepopulate						
			For Use	by P	rovider						
Org Code	Description	Deliver -able	Served this Month		pproved Budget	Payment Amount		Previous Payment(s) Total		Balance After This Payment	
60303025209	Street Outreach	0		\$	-	\$	-	\$	-	\$	
60303029209	Emergency She	0		\$	-	\$	-	\$	-	\$	-
60303024209	Prevention	0		\$	-:	\$	-	\$	-	\$	
60303021209	Rapid Rehousing	0		\$	*	\$	-	\$	-	\$	
60303023209	HMIS			\$	-	\$	-	\$	•	\$	-
60303022209	Admin			\$	-	\$	-	\$	-	\$	-
	Total			\$	-	\$	-	\$		\$	-

By signing this invoice, I certify to the best of my knowledge and belief that the invoice is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal or State Award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. Additionally, I certify that all reports supporting this invoice have been submitted to the Department in accordance with this agreement.

Signature of Provider	Official	Date	Name & Title of Provider Official
		For Use by Contrac Only	t Manager
Will a Financial Consequence be applied?	Fin. Conseq. (5% of Total Amount)	603030 22 209	Date of Invoice Received
Yes / No	Delayed	603030 25 209	Date Goods/Services
Deliverables Met (if no, see	Payment (10% for each	603030 29 209	Received
delayed payment section)	Unmet Deliverable)	603030 24 209	Date Goods Inspected and Approved
Yes / No		603030 21 209	Date Invoice Approved
Org See payment detail above	Recoupment	603030 25 209	Contract Manager Name
OCA	(Previous Unmet	603030 29 209	
EO	Deliverable Achieved)	603030 24 209	Contract Manager Signature
Object		603030 21 209	
Category	Total Payme	nt Amount	

ATTACHMENT F7.1 - RAPID UNSHELTERED SURVIVOR HOUSING (RUSH) GRANT ROLL-UP REPORT

Provider Name	dr	opdown		
Contract Number	pre	populate		
Month of Services	dr	opdown		
Street Outreach				
Date Service Provided	HMIS Number (Client ID)	Service Provided	Vendor	Amount
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10				
Emergency Shelter			Total	\$ -
Date Service Provided	HMIS Number (Client ID)	Service Provided	Vendor	Amount
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10			20.00 page 20.00	
			Total	\$ -

3

Homelessness Prevention Date Service **HMIS Number** Service Provided Vendor **Amount** Provided (Client ID) 1 2 3 4 5 6 7 8 9 10 \$ Total **Rapid Rehousing** Date Service **HMIS Number** Service Provided Vendor Amount Provided (Client ID) 1 2 3 4 5 6 7 8 9 10 \$ Total **Homeless Management Information System** Date Service Provided Vendor **Amount** Service Provided 1 2

4			
5			
		Total	\$ -
Administrative Costs			
1			
2			
3			
4			
5			
		Total (10%)	\$ -
TOTAL AMOUNT SUBMI	ITED FOR PAYMENT		
		Total	\$ -