

Effective October 1, 2020 this amends the above referenced **Contract as follows:**

1. In 1.1, the amount \$1,308,428.55 is replaced by \$2,005,428.55.
2. B-1. is amended to add:

**B-1.5. Emergency Solutions Grant - CV (ESG-CV)** – 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 has the same applicability throughout the contract as ESG unless otherwise stated within this Contract or addressed through guidance from HUD or the State Office on Homelessness.

**This section is  Applicable.**

**This section is  Not Applicable.**

3. In Sections C3-1.1.1. and C3-1.2.1., the sentence “**ESG-CV allocated funds are not subject to this spending cap.**” is added.
4. D-2.3. is amended to add:

**D-2.3.5. ESG-CV Emergency Shelter Activities** – The ESG-CV Emergency Shelter Projects will serve a minimum of 160 individuals each month.

Fiscal Year	FY19-20	FY20-21	FY21-22
Total Individuals served per month	0	160	0

**D-2.3.6. ESG-CV Street Outreach Activities** – The ESG-CV Street Outreach Projects will serve a minimum of 0 individuals each month.

Fiscal Year	FY19-20	FY20-21	FY21-22
Total Individuals served per month	0	0	0

**D-2.3.7. ESG-CV Homelessness Prevention Activities** – The ESG-CV Homelessness Prevention Projects will serve a minimum of 0 individuals each month.

Fiscal Year	FY19-20	FY20-21	FY21-22
Total Individuals served per month	0	0	0

**D-2.3.8. ESG-CV Rapid Re-Housing Activities** – The ESG-CV Rapid Re-Housing Projects will serve a minimum of 3 individuals each month.

Fiscal Year	FY19-20	FY20-21	FY21-22
Total Individuals served per month	0	3	0

5. D-3.3. is amended to add:

**D-3.3.5. ESG-CV Emergency Shelter Activities** – The ESG-CV Emergency Shelter Projects will serve, at a minimum, the following number of individuals each fiscal year.

Fiscal Year	FY19-20	FY20-21	FY21-22

Total Individuals served per fiscal year	0	1440	0
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**D-3.3.6. ESG-CV Street Outreach Activities** – The ESG-CV Street Outreach Projects will serve, at a minimum, the following number of individuals each fiscal year.

Fiscal Year	FY19-20	FY20-21	FY21-22
Total Individuals served per fiscal year	0	0	0

**D-3.3.7. ESG-CV Homelessness Prevention Activities** – The ESG-CV Homelessness Prevention Projects will serve, at a minimum, the following number of individuals each fiscal year.

Fiscal Year	FY19-20	FY20-21	FY21-22
Total Individuals served per fiscal year	0	0	0

**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	FY19-20	FY20-21	FY21-22
Total Individuals served per fiscal year	0	27	0

6. The attached **ATTACHMENT D5 – EMERGENCY SOLUTIONS GRANT-CV MONTHLY STATUS REPORT** is added.
7. In F-1.2.1 the phrase “eight percent (8%) of the total grant award” is replaced with “percentage outlined in Section 420.622, (4)(d) F.S.”
8. In F-2.1 the amount \$1,308,428.55 is replaced by \$2,005,428.55.
9. The highlighted portion of the below table, amends Section F-2. The non-highlighted parts are for illustrative purposes only, and the original contract, as previously amended, if applicable, remains the official text of the non-highlighted parts.

FISCAL YEAR	TOTAL ANNUAL FUNDING ESG and ESG-CV monies combined
2019-2020	\$436,142.85
2020-2021	\$1,133,142.85
2021-2022	\$436,142.85
<b>Total</b>	<b>\$2,005,428.55</b>

10. F-2.1. is amended to add:

**F-2.1.6. Emergency Solutions Grant - CV (ESG-CV)** – The Department agrees to reimburse for allowable costs OR pay for the service units at the prices and limits listed below for ESG-CV Activities:



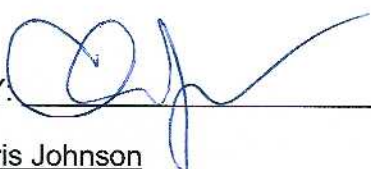
FISCAL YEAR	UNIT OF SERVICE	UNITS	RATE	FISCAL YEAR TOTAL
2019-2020	One Month of Eligible ESG-CV Activities	NA	NA	NA
2020-2021	One Month of Eligible ESG-CV Activities	NA	NA	\$697,000.00
2021-2022	One Month of Eligible ESG-CV Activities	NA	NA	NA
<b>Total</b>				\$697,000.00

11. Section F-4.5.3. is amended to add: "A match is not required for funds received under ESG-CV."
12. The attached **ATTACHMENT F5 – EMERGENCY SOLUTIONS GRANT-CV INVOICE** is added.
13. The attached **ATTACHMENT F5.1 – EMERGENCY SOLUTIONS GRANT-CV ROLL-UP REPORT** is added.
14. 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:

DEPARTMENT:

SIGNED BY:  \_\_\_\_\_

SIGNED BY: Maggie Mickler for TH

NAME: Chris Johnson

NAME: Taylor Hatch

TITLE: Chief Executive Officer

TITLE: Assistant Secretary for Economic Self-Sufficiency

DATE: 10/27/2020

DATE: 10.28.20

**ATTACHMENT D5 – EMERGENCY SOLUTIONS GRANT-CV MONTHLY STATUS REPORT**

dropdown	<b>Provider Name</b>	<b>Monthly Status Report</b>	
prepopulate	<b>Contract #</b>	dropdown	<b>Month of Services</b>
<p>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.</p>			
Name & Title of Agency Official		Date	

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

<b>Emergency Solutions Grant-CV Output Measures</b>	<b>Street Outreach</b>	<b>Emergency Shelter</b>	<b>Prevention</b>	<b>Rapid Rehousing</b>
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			\$ -	\$ -

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



ATTACHMENT F5 – EMERGENCY SOLUTIONS GRANT-CV INVOICE

EMERGENCY SOLUTIONS GRANT-CV				FEID #	Prepopulate		
Contract #	Prepopulate	Provider Name		Dropdown			
Invoice #	Prepopulate	Address		Prepopulate			
Invoice Period	Dropdown						
<b>For Use by Provider</b>							
Org Code	Description	Deliverable	Served this Month	Approved Budget	Payment Amount	Previous Payment(s) Total	Balance After This Payment
60303025209	Street Outreach			\$ -	\$ -	\$ -	\$ -
60303029209	Emergency Shelter			\$ -	\$ -	\$ -	\$ -
60303024209	Prevention			\$ -	\$ -	\$ -	\$ -
60303021209	Rapid Rehousing			\$ -	\$ -	\$ -	\$ -
60303023209	HMIS			\$ -	\$ -	\$ -	\$ -
60303022209	Admin			\$ -	\$ -	\$ -	\$ -
	Total			\$ -	\$ -	\$ -	\$ -
<p>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.</p>							
Signature of Provider Official			Date		Title of Provider Official		
<b>For Use by Contract Manager Only</b>							
Deliverables Met (if no, see delayed payment per contract section F-5.2)	Amount of Delayed Payment (for Unmet Service Deliverables)	\$ -	Date of Invoice Received				
Yes / No	Recoupment of Delayed Payment (Previous Unmet Service Deliverables Achieved)	\$ -	Date Goods/Services Received				
Will a Financial Consequence be applied?	Amount of Financial Consequence (Admin)	\$ -	Date Goods Inspected and Approved				
Yes / No	Total Payment Amount	\$ -	Date Invoice Approved				
Org Code	see payment detail above		Contract Manager Name				
OCA	Object	780000	Contract Manager Signature				
EO	Category	100550					

ATTACHMENT F5.1 – EMERGENCY SOLUTIONS GRANT-CV ROLL-UP REPORT

Provider Name dropdown  
Contract Number prepopulate  
Month of Services dropdown

Street Outreach

	<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
				Total	\$

Emergency Shelter

	<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
				Total	\$

**Homelessness Prevention**

	<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
				Total	\$

**Rapid Rehousing**

	<i>Date Service Provided</i>	<i>HMIS Number (Client ID)</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
				Total	\$

**Homeless Management Information System**

	<i>Date Service Provided</i>	<i>Service Provided</i>	<i>Vendor</i>	<i>Amount</i>
1				

2		
3		
4		
5		

Total \$

**Administrative Costs**

Total (5%) \$

**TOTAL AMOUNT SUBMITTED FOR PAYMENT**

Total \$