



Contract Number

19-261 A-1

SAP Number

4400011838

Community Development and Housing Agency

Department Contract Representative	Tom Hernandez Chief of Homeless Services
Telephone Number	(909) 386-8297
Contractor	Family Assistance Program
Contractor Representative	Darryl Evey
Telephone Number	(760) 985-0726
Contract Term	April 30, 2019 – June 30, 2021
Original Contract Amount	\$525,600
Amendment Amount	N/A
Total Contract Amount	\$525,600
Cost Center	6210002500

THIS FIRST AMENDMENT TO CONTRACT #19-261 for Transitional Housing Services (the "Amendment"), dated April 30, 2019 is made by and between the San Bernardino County Office of Homeless Services (the "COUNTY") and Family Assistance Program, a California non-profit organization, (the "Agency").

WHEREAS, the COUNTY has been allocated funds by the State of California, Homeless Coordinating and Financing Council in the Business, Consumer and Housing Agency, hereinafter called State, under the Homeless Emergency Aid Program (HEAP) pursuant to Chapter 5 (commencing with Section 50210) of Part I of Division 30 of the Health and Safety Code, and all other relevant provisions established under SB 850 (Chapter 48, Statutes of 2018) to provide one-time flexible block grant funds to provide direct assistance to Continuums of Care (CoC) and large cities to address their immediate homelessness challenges; and,

WHEREAS, the COUNTY Community Development and Housing Agency, Office of Homeless Services, hereinafter referred to as OHS, is the Administrative Entity authorized to act on behalf of the COUNTY to administer HEAP as designated by the San Bernardino County Continuum of Care (SBC CoC), the eligible recipient of HEAP grant funding; and

WHEREAS, on October 2, 2018, the COUNTY released a Request for Application (RFA) seeking Applications from interested and qualified applicants to be included in the SBC CoC's collaborative application for HEAP funding and AGENCY responded to the RFA and represents that it is qualified to participate in HEAP

and has the required qualifications, experience and expertise to provide services and is willing to use State funds to serve individuals and families experiencing homelessness; and

WHEREAS, the COUNTY has entered into a HEAP agreement with AGENCY for \$525,600 in HEAP funding to provide transitional housing services for youth.

WHEREAS, the COUNTY and the AGENCY desire to modify the Contract #19-261 to define terms not previously defined in the contract, amend the title of the activity provided by Agency, and further clarify the scope of work to be provided under the contract.

NOW, THEREFORE, the COUNTY and AGENCY mutually agree to the following terms and conditions:

1. Add the following definition for Transitional Housing to Section A. Definitions as follows:

A.27 Transitional housing (TH): Designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services.

2. Amend Exhibit 1 Activity Title in Category - Homeless Youth Set-Aside to read as follows:

Transitional Housing for Homeless Youth

3. Add the following to Exhibit 2 "Scope of Work" to include:

The transitional housing provided by Family Assistance Program includes 16 beds for homeless youth that includes all expenses, at no cost to the youth. The cost is calculated at \$45 x 16 beds x 365 days x 2 years for a total of \$525,600.

4. Except as amendment in this contract, all other terms and conditions of the contract documents shall remain unchanged and remain in full force and effect.

This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

IN WITNESS WHEREOF, the parties have caused this Amendment to be executed as of the day and year written below.

COUNTY OF SAN BERNARDINO

FAMILY ASSISTANCE PROGRAM

(Print or type name of corporation, company, contractor, etc.)

►

Curt Hagman, Chairman, Board of Supervisors

By ► _____
(Authorized signature - sign in blue ink)

Dated: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Name Darryl Evey
(Print or type name of person signing contract)

Lynna Monell
Clerk of the Board of Supervisors
of the County of San Bernardino

Title Executive Director
(Print or Type)

By _____
Deputy

Dated: _____

Address 10575 7th St.

Victorville, CA 92395

FOR COUNTY USE ONLY

Approved as to Legal Form

Reviewed for Contract Compliance

Reviewed/Approved by Department

►
Suzanne Bryant, Deputy County Counsel

►

►
CaSonya Thomas, Assistant Executive Officer

Date _____

Date _____

Date _____