

Subrecipient Contract No. 30000578**Amendment No. 1**

The above referenced Subrecipient Contract between the City of Portland, acting by and through its Portland Housing Bureau, and Impact Northwest is hereby amended as follows:

1. Compensation:
Impact Northwest shall be paid an additional \$20,000 in FY 2009-10 Community Development Block Grant (CDBG) Funds to serve additional households referred to the relocation program. The total revised amount of compensation shall not exceed ONE HUNDRED TWENTY-EIGHT THOUSAND, FIVE HUNDRED SEVENTY DOLLARS (\$128,570).
2. Exhibit:
Exhibit A and B of the original contract are deleted in its entirety and replaced with Exhibit A and B attached to this Amendment.
3. All other terms and conditions of Contract No. 30000578 between the City of Portland and Impact Northwest shall remain the same.

IMPACT NORTHWEST**CITY OF PORTLAND**

Susan Stoltenberg, Director Date

Margaret Van Vliet, Director Date
Portland Housing Bureau

APPROVED AS TO FORM:

Linda Meng Date
City Attorney

LaVonne Griffin-Valade Date
City Auditor

SAMPLE – DO NOT EXECUTE

Subrecipient Contract No. 30000578
Amendment No. 1
Exhibit A

Revised Budget

FY 2009-10 IMPACT NORTHWEST
RELOCATION PROGRAM BUDGET

	Original Contract- GF	New Funds- CDBG	New Contract Total
<i>Personnel</i>			
Salaries	\$20,705		\$20,705
Employee Benefits	\$3,833		\$3,833
Payroll Taxes	\$1,972		\$1,972
<i>Total Personnel Expenses</i>	\$26,510		\$26,510
<i>Operating Expenses:</i>			
Local Travel	\$250		\$250
Insurance	\$60		\$60
Space Rental	\$1,555		\$1,555
Telephone	\$288		\$288
Office Supplies	\$180	\$100	\$280
Program Supplies / Activities	\$800		\$800
Photocopying	\$50		\$50
Client Assistance	\$67,005	\$17,700	\$84,705
Computer Repair & Maintenance	\$120		\$120
Training - Conference	\$120		\$120
Agency Overhead	\$11,632	\$2,200	\$13,832
<i>Total Operating Expenses</i>	\$82,060	\$20,000	\$102,060
Grand Total	\$108,570	\$20,000	\$128,570

Subrecipient Contract No. 30000578
Amendment No. 1
Exhibit B

Impact Northwest

Request for Payment

Project Name: Relocation

Request for Payment #: _____

Contract #: _____

Billing Period: _____

Budget Category	Contract Budget	Amount of This Bill	Amount Billed to Date	Balance Remaining
Personnel	\$26,510			
Client Assistance	\$67,005			
Operating Expenses	\$15,055			
Total GF	\$108,570			
Client Assistance	\$17,700			
Operating Expenses	\$2,300			
Total CDBG	\$20,000			
Total Budget	\$128,570			

*NOTE: Please reproduce this form on agency letterhead or submit cover letter to this invoice that includes total requested and authorizing signature.

Total Amount Requested: _____

Prepared by: _____

Phone No., Email and Date: _____

Approved by: _____

Please send invoice to: Tracy Lehto
Portland Housing Bureau
421 S W 6th, Suite 500
Portland, OR 97204