

**AMENDMENT NO. 1**  
Subrecipient Contract No. 32001942

The above referenced Subrecipient Contract between the City of Portland (City) acting by and through its Portland Housing Bureau (PHB) and Portland Community Reinvestment Initiatives, Inc. (PCRI), (Subrecipient) is hereby amended as follows:

**Amend Item 4. Compensation**

4. Compensation

The amount of compensation shall not exceed \$288,600 (Home Repair \$135,000 in CDBG and \$103,600 in Interstate Tax Increment Funding – TIF; Home Retention \$50,000 in CDBG). The compensation requirements are contained in Section V. **The final invoice is due July 3, 2020.**

**Amend Section I. Compensation and Method of Payment:**

**I. Compensation and Method of Payment**

- A. The City shall reimburse the Subrecipient for actual expenditures in accordance with the budget (Exhibit E) and the invoice form (Exhibit F), upon submission of copies of receipts or other acceptable documentation. Acceptable documentation includes, but is not limited to, a detailed general ledger with reconciliation of accruals. Final invoice is due **July 3, 2020**.
- B. Net payment terms are set at 20 days for this Contract.
- C. Any changes to the approved budget must be authorized in writing by the City Contract Manager before any expenditure of funds in new amounts or line items.
- D. Total compensation under this contract shall not exceed TWO HUNDRED EIGHTY-EIGHT THOUSAND SIX HUNDRED DOLLARS (\$288,600).

**Amend Exhibit A Statement of Work, Section C Home Repair, number 6 as follows:**

- 6. Grants funded by Interstate TIF resources may not exceed \$10,000 per household. Grants funded by Interstate TIF LIFT resources may not exceed \$15,000. CDBG funded grants may not exceed \$5,000 per household without prior written approval from PHB Contract Manager and at least one of the following exemptions apply:  
Exemptions:
  - 1. Post 1978 property
  - 2. PHB has approved the scope of work as not disturbing paint. The presence of a child qualifies the property being eligible for the Lead Grant

**Amend Exhibit B Section I: Performance Measures, Home Repair Outputs, number 1 as follows:**

Home Repair:

- A. Outputs:
  - 1. 33 households served with home repairs (20 CDBG, 6 Interstate TIF, and 7 Interstate TIF LIFT)
  - 2. Promote home repair IDA's and enroll households as funds are available
- B. Outcomes:



**AMENDED Exhibit F. Home Repair Invoice**  
**PCRI Home Repair**  
**Invoice FY 2019-2020**

To: City of Portland, PHB  
 Attn: Emma Deppa  
 421 SW 6<sup>th</sup> Avenue, Suite 500  
 Portland, Oregon 97204

Request for Payment #: \_\_\_\_\_ Contract #: 32001942 Billing Period: \_\_\_\_\_

**CDBG**

CATEGORY	BUDGET	AMOUNT THIS INVOICE	BILLED YTD	BALANCE
Personnel	40,500			
Operating	90,000			
Admin (Direct)	4,500			
Admin (Indirect)	-			
<b>Sub Total</b>	<b>\$135,000</b>			

**TIF - Interstate**

CATEGORY	BUDGET	AMOUNT THIS INVOICE	BILLED YTD	BALANCE
Personnel	\$4,000			
Operating	\$29,100			
Admin (Direct)	\$500			
<b>Sub Total</b>	<b>\$33,600</b>			

**TIF LIFT - Interstate**

CATEGORY	BUDGET	AMOUNT THIS INVOICE	BILLED YTD	BALANCE
Personnel	-			
Operating	\$70,000			
Admin	-			
<b>Sub Total</b>	<b>\$70,000</b>			
<b>TOTAL</b>	<b>\$238,600</b>			

*By signing 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 purposes and objectives set forth in the terms and conditions of the Federal 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. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).*

Preparer's Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EXHIBIT A

**NOTE: This form must be recreated on the agency's letterhead that includes contact information or the invoice will not be valid.**

**AMENDMENT NO. 1**  
Subrecipient Contract No. 32001943

The above referenced Subrecipient Contract between the City of Portland (City) acting by and through its Portland Housing Bureau (PHB) and Community Energy Project (CEP), (Subrecipient) is hereby amended as follows:

**Amend Item 4. Compensation**

4. Compensation

The amount of compensation shall not exceed \$830,000 (\$145,000 in CDBG and \$685,000 in Interstate Tax Increment Funding - TIF). The compensation requirements are contained in Section V. **The final invoice is due July 3, 2020.**

**Amend Section I: Scope of Services, F. Outputs as follows:**

F. Grants funded by TIF resources may not exceed \$10,000 per household. Interstate TIF LIFT resources may not exceed \$15,000 per project. CDBG funded grants may not exceed \$5,000 per household without prior written approval from PHB Contract Manager and at least one of the following exemptions apply:

Exemptions:

1. Post 1978 property
2. PHB has approved the scope of work as not disturbing paint
3. The presence of a child qualifies the property being eligible for the Lead Grant

**Amend Section III: Performance Measures, A. Outputs, number 3 as follows:**

1. Provide expanded home maintenance services for 34 low income senior homeowners in the Interstate Urban Renewal Area (25 Interstate TIF and 9 Interstate TIF LIFT), as well as 58 low-income senior homeowners in the Lents Urban Renewal Area (8 with Lents TIF and 50 with Lents TIF LIFT). Prioritize seniors at-risk for foreclosure due to the following factors:
  - a. Homes needing maintenance that threatens the insurability of the property; and
  - b. BDS code violations and/or nuisance complaints.
2. Benchmarks:
  - a. Funding: The February 2020 budget reimbursement request should reflect 50% of the budget expended for the all N/NE Interstate, Interstate TIF & TIF LIFT and Lents TIF & TIF LIFT funds.
  - b. Outputs: The Quarter 3 Narrative and PDR Reports submitted in April 2020 should reflect 75% of the outputs completed.
  - c. Conditions: If the funding and output benchmarks are not met, funds may be adjusted to ensure outputs are being met for the goals of this particular funding request.

**Amend Section V. Compensation and Method of Payment, Point E. as follows:**

- E. Total compensation under this contract shall not exceed EIGHT HUNDRED THIRTY THOUSAND DOLLARS (\$830,000).

**Amend Exhibit F, Expanded Home Maintenance Invoice**



**EXHIBIT F**  
**Community Energy Project: Expanded Home Maintenance**  
**Amended Invoice**

TO: City of Portland, PHB  
 Attn: Emma Deppa  
 421 SW 6<sup>th</sup> Avenue, Suite 500  
 Portland, Oregon 97204

Request for Payment #: \_\_\_ Contract #: 32001943 Billing Period: \_\_\_\_\_

**TIF - Interstate**

CATEGORY	BUDGET	AMOUNT THIS INVOICE	BILLED YTD	BALANCE
Personnel	\$46,576			
Operating	\$53,211			
Admin	\$10,213			
<b>Sub Total</b>	<b>\$110,000</b>			

**TIF LIFT - Interstate**

CATEGORY	BUDGET	AMOUNT THIS INVOICE	BILLED YTD	BALANCE
Personnel	\$13,458			
Operating	\$66,484			
Admin	\$7,098			
<b>Sub Total</b>	<b>\$90,000</b>			

**TIF - Lents**

CATEGORY	BUDGET	AMOUNT THIS INVOICE	BILLED YTD	BALANCE
Personnel	\$25,632			
Operating	\$17,083			
Admin	\$7,285			
<b>Sub Total</b>	<b>\$50,000</b>			

**TIF LIFT - Lents**

CATEGORY	BUDGET	AMOUNT THIS INVOICE	BILLED YTD	BALANCE
Personnel	\$57,531			
Operating	\$210,926			
Admin	\$31,543			
<b>Sub Total</b>	<b>\$300,000</b>			
<b>TOTAL</b>	<b>\$550,000</b>			

*By signing 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 purposes and objectives set forth in the terms and conditions of the Federal 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. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).*

Preparer's Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

EXHIBIT B

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: This form must be recreated on the agency's letterhead that includes contact information or the invoice will not be valid.**