

AMENDMENT No. 1Subrecipient Contract No. 32000114

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

- I. The contract's budget shall be increased by \$15,000 in Community Development Block Grant (CDBG) funds. Section III. D: Compensation and Method of Payment is deleted in its entirety and replaced to read:
 - D. It is agreed that total compensation under this Subrecipient Contract shall not exceed THREE HUNDRED ELEVEN THOUSAND, THREE HUNDRED FIFTY DOLLARS (\$311,350).
- II. Section IV. A: Performance Measures and Time Line is added to read:
 4. Provide weatherization and training materials to an additional 300 low-income households.
- III. Exhibits C and D are deleted in their entirety and replaced as attached to this Amendment.
- IV. All other terms and conditions of Subrecipient Contract No. 32000114 shall remain the same.

COMMUNITY ENERGY PROJECT**CITY OF PORTLAND**

Sherry Burbach, Director Date

Margaret Van Vliet, Director Date
Portland Housing Bureau

APPROVED AS TO FORM:
APPROVED AS TO FORM

Linda Meng ^{KAM}

Linda Meng **CITY ATTORNEY** 5-7-10
City Attorney Date

LaVonne Griffin-Valade Date
City Auditor

SAMPLE – DO NOT EXECUTE

EXHIBIT C

**Community Energy Project
FY 2009-10 Budget**

	DIY Workshop	IH Wx for Seniors & Disabled	Home Safety Repair	TOTAL
Personnel	\$61,114	\$75,968	\$66,326	\$203,408
Operating Expenses	47,183	17,304	22,862	87,349
Administrative Costs	6,703	6,728	7,162	20,593
TOTALS	\$115,000	\$100,000	\$96,350	\$311,350

EXHIBIT D**Community Energy Project: DIY Workshops
Request for Payment**

TO: City of Portland/PHB
 Attn: Andrea Matthiessen
 421 SW 6th Avenue, Suite 500
 Portland, Oregon 97204

Request for Payment #: _____
 Billing Period: _____

Contract #: 32000114

CDBG

BUDGET CATEGORY	CONTRACTED BUDGET	AMOUNT THIS INVOICE	AMOUNT BILLED TO DATE	BALANCE
Personnel	\$61,114			
Operating Expenses	47,183			
Administrative Costs	6,703			
TOTAL	\$115,000			

Please attach detailed information as specified in the contract or requested by contract manager

Total Amount Requested: _____

Total Balance: _____

CEP/Prepared By: _____

Phone No.: _____

CEP/Approved By _____
 Signature Date

Email: _____

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