AMENDMENT NO. 2 Subrecipient Contract No. 32001101

The above referenced Subrecipient Contract between the City of Portland (City) acting by and through its Portland Housing Bureau (PHB) and Oregon Trail Chapter American National Red Cross (Subrecipient) is hereby amended as follows:

4. Compensation is amended to:

The amount of compensation is amended to add \$105,000 in General Funds and shall not exceed \$197,949 in General Funds. The compensation requirements are contained in Section IV.

6. Exhibits

The following Exhibits have been amended and attached as follows:

		Y
<u>Document</u>	<u>Description</u>	No. of Pages
Exhibit A	Request for Payment	1

Section I: Scope of Services

The first paragraph of Section I is amended to:

From November 1, 2014, to March 31, 2015, Subrecipient will provide Severe Weather Emergency Warming Center overflow services for adults who are homeless (men, women, and couples) for a minimum of 150 persons for up to 29 (twenty-nine) nights by provision of the following services.

Section II: Performance Measures is amended to:

Subrecipient will maintain capacity to provide a minimum of 150 bed spaces in Severe Weather Emergency Warming Center per night and will do so upon request for a minimum of up to ten (10) nights between November 1, 2014 and March 31, 2015. Beyond the ten (10) minimum nights, Subrecipient will make reasonable efforts to maintain capacity to provide contracted services for up to nineteen (19) additional nights between November 1, 2014 and March 31, 2015. Should Subrecipient be unable to maintain capacity to provide Severe Weather Emergency Center for any of the nineteen (19) additional nights, the Subrecipient will provide the City with written notice no later than 36-hours in advance of Subrecipient's inability to deliver contracted services. In such situations, the Subrecipient will work proactively with the City to identify and reasonably attempt to resolve constraints to Subrecipient capacity to deliver contracted services.

Section IV: Compensation and Method of Payment

Section IV.A is amended to:

The City will reimburse Subrecipient for expenses in accordance with the attached invoice form (Attachment A). For the amended budget amount, less funding for additional night charges (a subtotal of \$55,449), Subrecipient will bill for actual costs incurred, maintain documentation of all expenses and make such records available for inspection by the City upon request. For any additional nights beyond the first ten nights of contracted services,

Subrecipient may bill on a per-night basis at an additional rate of five-thousand dollars (\$7,500) per night.

Section IV.D is amended to:

It is agreed that total contract compensation shall not exceed ONE HUNDRED NINETY SEVEN THOUSAND NINE HUDRED AND FORTY NINE (\$197,949) DOLLARS.

All other terms and conditions of Contract No. 32001101 between the City of Portland and American Red Cross, Oregon Trail Chapter shall remain the same.

OREGON TRAIL CHAPTER AMERICAN NATIONAL RED CR	ROSS	CITY OF PORTLAND		
DRAFT—DO NOT EXECUTE		DRAFT—DO NOT EXECU	TE	
Amy Schlossman Chief Executive Officer American Red Cross Cascades Region	Date	Traci Manning, Director Portland Housing Bureau	Date	
**		APPROVED AS TO FORM:	4.9	
	•	DRAFT—DO NOT EXECTUE		
		Tracy Reeve, City Attorney	Date	

EXHIBIT A

American Red Cross REQUEST FOR PAYMENT (Amendment 2)

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

Project Name: Severe	Weather Overflow	Emergency	Warming	Center Services
Funding Source: Gana	ral Fund			

Funding Source: General Fund

Request For Payment Number:	Billing Period:
Contract Number: 32001101	

Budget Category	Contracted Budget	Amended Budget	Amount This Bill	Amount Billed to Date*	Balance
Personnel	\$35,000	\$35,000			
Client Assistance Supplies**	\$15,000	\$20,448.92			
SUBTOTAL	\$50,000	\$55,449			
Additional Night Charges	\$0	\$142,500			
TOTAL	\$50,000	\$197,949			

^{*}In this column please include all amounts billed in previous invoices, as well as the amount billed in this invoice.

Total Amount Requested:		Date:
Prepared By:		Phone No.:
Email:		
American Red Cross Approved By:		
	Signature	Date

^{**} Includes, but is not limited to: sleeping, canteening, and sanitation supplies.

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