

**EXHIBIT A****AMENDMENT NO. 3**  
Subrecipient Contract No. 32000664

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

**Items 4**

Items 4 on page 1 is amended as follows:

**4. Compensation**

The amount of compensation shall be increased by \$5,000, not exceed a total of \$1,113,950 in HOPWA funds. The full amount of compensation is subject to appropriation of funds within annual City of Portland fiscal-year budgets. Additional compensation requirements are contained in Section IV.

**Section I. Scope of Services**

Section I.E.4 is added as follows:

4. The subrecipient will dedicate additional staff (total funded staffing budget not to exceed \$5,000) to integrate health (CAREWare) and housing (ServicePoint) data systems.

**Section IV. Compensation and Method of Payment**

Section IV.H is amended as follows:

- H. Total compensation under this Contract shall not exceed ONE MILLION, ONE HUNDRED THIRTEEN THOUSAND, NINE HUNDRED AND FIFTY DOLLARS (\$1,113,950). Total Contract budget is subject to annual fiscal-year appropriations of HOPWA funds to the Portland Housing Bureau.

**Exhibit C (Request for Payment)**

Exhibit C is deleted in its entirety and replaced with the attached.

All other terms and conditions of Contract No. 32000664 between the City of Portland and CAP, as previously amended, shall remain the same.

**CASCADE AIDS PROJECT****DO NOT EXECUTE**

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Tyler TerMeer	Date
Executive Director	

**CITY OF PORTLAND****DO NOT EXECUTE**

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Traci Manning	Date
Director	
Portland Housing Bureau	

**APPROVED AS TO FORM:**

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Tracy Reeve	Date
City Attorney	

**EXHIBIT C – Amendment 3  
Cascade AIDS Project  
January 2012-June 2015**

**REQUEST FOR PAYMENT**

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

Request For Payment #: \_\_\_\_\_ Contract #: 32000664  
Billing Period: \_\_\_\_\_

**HOPWA**

Budget Category	Contracted Budget*	Amended Budget	Amount This Bill	Amount Billed to Date	Balance
Housing Assistance	\$595,500	\$685,500			
Supportive Services	\$243,500	\$243,500			
Permanent Housing Placement	\$126,000	\$36,000			
Resource Identification	\$75,000	\$76,403			
Administrative Costs	\$68,950	\$72,547			
<b>TOTAL</b>	<b>\$1,108,950</b>	<b>\$1,113,950</b>			

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

Total Amount Requested: \_\_\_\_\_ Total Balance: \_\_\_\_\_

CAP/Prepared By: \_\_\_\_\_ Phone No.: \_\_\_\_\_

CAP/Approved By \_\_\_\_\_ Email: \_\_\_\_\_  
Signature Date

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

\* Total Contract budget is subject to annual fiscal-year appropriations of HOPWA funds to the Portland Housing Bureau.