

AMENDMENT NO. 2
Subrecipient Contract No. 32001124

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

Amend Items 2, 4 and 6

The contract is amended to increase contract total by \$3,468. Items 2 and 4 are amended as follows:

2. Contract Manager

Each party has designated a contract manager to be the formal representative for this project. All reports, notices, and other communications required under or relating to this subrecipient contract shall be directed to the appropriate individual identified below. The City contract manager is authorized to approve work and billings hereunder, to give notices referred to herein, to terminate the Contract as provided herein, and to approve all changes except those that increase the total contract amount.

<u>PHB</u>	<u>Subrecipient</u>
Contract Manager: Ryan Deibert	Contract Manager: Shannon Singleton
421 SW Sixth Ave., Suite 500	1435 NE 81st Avenue, Suite 100
Portland, OR 97204	Portland, OR 97213
(503) 823-2368	(503) 232-7052 x 201
(503) 823-2387 (fax)	(503) 232-4640 (fax)
ryan.deibert@portlandoregon.gov	ssingleton@joinpdx.org
	EEO expiration date: 5/21/2016
	Business License No.: 440393

4. Compensation

The amount of compensation shall not exceed \$1,780,741 in City general funds. The compensation requirements are contained in Section V.

6. List of Exhibits

The following Exhibits are attached hereto and incorporated by reference into this contract:

<u>Document</u>	<u>Description</u>	<u>No. of Pages</u>	<u>Amended Status</u>
Exhibit A	Request for Payment	1	Deleted in its entirety and replaced with the attached
Exhibit B	Omnibus Dashboard Report	2	No change
Exhibit C	Participant Demographics Report	3	No change
Exhibit D	Home Start for Vulnerable Adults Program	6	No change

**Amended Exhibit A
JOIN – FY 2014-15
REQUEST FOR PAYMENT**

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

Request for Payment #: _____
Billing Period: _____

Contract #: 32001124

GF

Budget Category	Contracted Budget	Amended Budget	Amount of This Bill	Amount Billed to Date	Balance
Personnel	\$ 634,921	\$745,876			
Operating Expenses	\$119,264	\$120,177			
Client Services	\$386,230	\$485,103			
Administrative Costs	\$144,585	\$144,585			
TOTAL	\$1,285,000	\$1,495,741			

GF – Home Start for Vulnerable Adults

Budget Category	Contracted Budget	Amount of This Bill	Amount Billed to Date	Balance
Personnel	\$90,000			
Client Assistance	\$195,000			
TOTAL	\$285,000			

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

Total Amount Requested: _____ Total Balance: _____

JOIN/Prepared By: _____

Phone No.: _____

Signature Date

JOIN/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.