

**AMENDMENT NO. 1**  
Subrecipient Contract No. 32001219

The above referenced Subrecipient Contract between the City of Portland (City), acting by and through its Portland Housing Bureau (PHB), and Rebuilding Together (Subrecipient), is hereby amended to add \$50,000 in General Funds as follows:

**Amended Item 4:**

4. Compensation

The amount of compensation shall not exceed \$97,500 in the City FY 2015-16 approved budget (\$47,500 in CDBG, \$50,000 in General funds). The compensation requirements are contained in Section V. The **final invoice is due Thursday, July 7, 2016.**

**Scope of Services**

Section I. Scope of Services, amended to add item H as follows:

- H. An administrative fee up to 5% of Home Repair costs per household may be billed for each home assisted with General Funds. The total cost per home assisted cannot exceed \$10,000.

**Performance Measures**

Section III. Performance Measures is amended to replace item A with the following:

- A. Outputs: Provide rehabilitation assistance on:
1. 45 households on one major workday;
  2. 6-8 additional households throughout the contract year; and
  3. A minimum of 5 units in the N/NE Study Area outside of the URA.

**Compensation and Method of Payment**

This section amended to replace existing language with the following:

Total compensation under this Contract shall not exceed NINETY SEVEN THOUSAND FIVE HUNDRED DOLLARS (\$97,500).

**Exhibits**

Exhibit A and B are deleted in their entirety, and replaced with Amended Exhibits A and B attached.

All other terms and conditions of Contract No. 32001219 between the City of Portland and Rebuilding Together shall remain the same.

**EXHIBIT A**

**REBUILDING TOGETHER PORTLAND**

**CITY OF PORTLAND**

DO NOT EXECUTE  
Mike Malone, Director \_\_\_\_\_ Date

DO NOT EXECUTE  
Kurt Creager, Director \_\_\_\_\_ Date  
Portland Housing Bureau

**APPROVED AS TO FORM:**

DO NOT EXECUTE  
Tracy Reeve \_\_\_\_\_ Date  
City Attorney

**AMENDED EXHIBIT A**  
**Rebuilding Together Program Budgets FY15-16**

**Table 1: Program Budget**

| Category   | GF              | CDBG            | Total PHB Award | Total Program Budget |
|--|-----------------|-----------------|-----------------|----------------------|
| <b>Personnel</b>   |                 |                 |                 |                      |
| Salaries   |                 | \$47,500        |                 | \$79,000             |
| <b>Total Personnel</b>   |                 | <b>\$47,500</b> | <b>\$47,500</b> | <b>\$79,000</b>      |
| <b>Program Operating Expenses</b>                                |                 |                 |                 |                      |
| Subcontractors   | 47,500          | 0               |                 | \$47,500             |
| Equipment & Rental   |                 | 0               |                 | \$5,000              |
| Mileage & Parking  |                 | 0               |                 | 250                  |
| Affiliates Dues  |                 | 0               |                 | 7,500                |
| Materials  |                 |                 |                 | 59,000               |
| Miscellaneous  |                 | 0               |                 | 6,750                |
| Other: Marketing, Shirts, Pictures etc.                          |                 | 0               |                 | 7,435                |
| <b>Total Program Operating Expenses</b>                          | <b>\$47,500</b> | <b>0</b>        | <b>\$47,500</b> | <b>\$133,435</b>     |
| <b>Administrative Expenses</b>                                   |                 |                 |                 |                      |
| Salaries - Direct  | 2,500           |                 |                 | \$2,500              |
| Office / Facility Rent   |                 |                 |                 | \$500                |
| Office Supplies  |                 |                 |                 | 1,200                |
| Travel & Training  |                 |                 |                 | 3,100                |
| Miscellaneous  |                 |                 |                 | 4,000                |
| Insurance  |                 |                 |                 | 5,700                |
| <b>Total Administrative Expenses</b>                             | <b>\$2,500</b>  |                 | <b>\$2,500</b>  | <b>\$17,000</b>      |
| <b>Labor, Materials, Services</b> (Covered by In-Kind Donations) |                 |                 |                 | <b>\$412,565</b>     |
| <b>TOTAL BUDGET</b>  | <b>\$50,000</b> | <b>\$47,500</b> | <b>\$97,500</b> | <b>\$642,000</b>     |

**AMENDED EXHIBIT B  
Rebuilding Together Program**

**Invoice**

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

Request for Payment #: \_\_\_\_\_ Contract #: 32001219  
Billing Period: \_\_\_\_\_ Contract Period: 07/01/15 – 06/30/16

**CDBG**

| CATEGORY     | BUDGET          | AMOUNT THIS INVOICE | BILLED YTD | BALANCE |
|--------------|-----------------|---------------------|------------|---------|
| Personnel    | \$47,500        |                     |            |         |
| <b>TOTAL</b> | <b>\$47,500</b> |                     |            |         |

**GF**

| CATEGORY         | BUDGET          | AMOUNT THIS INVOICE | BILLED YTD     | BALANCE |
|------------------|-----------------|---------------------|----------------|---------|
| Operating        | 47,500          |                     |                |         |
| Admin            | 2,500           |                     |                |         |
| <b>Sub Total</b> | <b>\$50,000</b> |                     |                |         |
| <b>TOTAL</b>     | <b>\$97,500</b> |                     | <b>BALANCE</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: \_\_\_\_\_

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