

EXHIBIT A

Organization	Placement	Prevention	Total
JOIN	\$350,000	\$112,500	\$462,500
Mobile Provider Team - JOIN	\$50,000	0	\$50,000
Home Forward	\$0	\$75,000	\$75,000
NWPP	\$35,000	\$80,000	\$115,000
TPI	\$140,000	0	\$140,000
TOTAL	\$575,000	\$267,500	\$842,500

EXHIBIT B – Example of Amendment
AMENDMENT NO. 1
Subrecipient Contract No. 32001166

187700

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

Amend Item 2

The contract is amended to increase contract total by \$115,000 in City of Portland General Funds. Items 2 and 4 are amended as follows:

2. Compensation

The amount of compensation shall not exceed \$539,000 in City General funds. The compensation requirements are contained in Section V.

III. Performance Measures

Section III.B. is amended as follows:

1. 240 households placed into permanent housing
2. 250 households will be prevented from becoming homeless due to receiving eviction prevention services

V. Compensation and Method of Payment

Section V.G is amended as follows:

It is agreed that total compensation under this Contract shall not exceed FIVE HUNDRED THIRTY-THREE THOUSAND DOLLARS (\$533,000).

Amend Exhibit E-1

Exhibit E-1 is deleted in its entirety and replaced with the attached.

Amend Exhibit E-2

Exhibit E-2 is deleted in its entirety and replaced with the attached.

All other terms and conditions of Contract No. 32001162 between the City of Portland and Northwest Pilot Project shall remain the same.

NORTHWEST PILOT PROJECT

CITY OF PORTLAND

DO NOT EXECUTE

Susan Emmons Date
Executive Director

DO NOT EXECUTE

Kurt Creager, Director Date
Portland Housing Bureau

APPROVED AS TO FORM:

DO NOT EXECUTE

Tracy Reeve Date
City Attorney

EXHIBIT E-1
Quarterly and Year-End Report

Subrecipient Name:	Northwest Pilot Project
Program Title:	Senior Housing Program
Reporting Period: (check one)	<input type="checkbox"/> 1 st Quarter: July 1 to September 30, 2015 <input type="checkbox"/> 2 nd Quarter: October 1 to December 31, 2015 <input type="checkbox"/> 3 rd Quarter: January 1 to March 31, 2016 <input type="checkbox"/> 4 th Quarter: April 1 to June 30, 2016 <input type="checkbox"/> Year-End: July 1, 2015 to June 30, 2016

I. Progress towards outputs and outcomes

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total (Year to Date)	Annual Goal
OUTPUTS						
# new households receiving services						1,200
# clients receiving case management						65
# clients receiving on-site support services						150
OUTCOMES						
# households in PH						240
# households prevented from homelessness						250
# households placed into emergency housing						50
% PH retention – 3 mos.						90%
% PH retention – 6 mos.						80%
% PH retention – 12 mos.						70%

II. Describe the highlights or successes of the program over the reporting period. *(Please limit your response to 1 page)*

III. Describe the challenges or problems encountered by your program over the reporting period. How will your agency address the challenges/problems? *(Please limit your response to 1 page)*

Reports are due 30 days after the end of the quarter. Return to Dawn Martin via email:
Dawn.Martin@portlandoregon.gov

**Amended EXHIBIT E-2
Northwest Pilot Project
FY 2015-2016**

REQUEST FOR PAYMENT

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

Request For Payment #: _____
Billing Period: _____

Contract #: 32001166
Request For Payment #: _____

General Fund

Budget Category	Contracted Budget	Amount This Bill	Amount Billed to Date	Balance
Personnel*	\$404,105			
Rent Assistance - Placement	\$35,000			
Rent Assistance - Prevention	\$80,000			
Operating Expenses: Rent, office supplies, consultants, insurance, phone, postage, printing	\$ 13,895			
a)	\$533,000			

* Line item breakout of staff positions funded is attached as Exhibit E-3.

Amount Requested: \$ _____ Total Requested: \$ _____

Total Balance: \$ _____

Prepared By: _____
Signature

Phone No.: _____ Email: _____

Approved By: _____
Name Signature

Date _____

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