

**AMENDMENT NO. 5**  
**Subrecipient Contract No. 32001169**

The above referenced Subrecipient Contract between the City of Portland, acting by and through its Portland Housing Bureau (City) and Transition Projects, Inc. (Subrecipient) is hereby amended as follows:

**Amend Part A, Section 2**

The contract is amended to increase contract total by \$348,500 for: additional rent assistance for housing placement and prevention (\$140,000); housing for Veterans (\$32,500), Rent Well landlord guarantee fund (\$40,000), and Jerome Sears shelter staffing and operations (\$136,000). Part A, Section 2 is hereby deleted in its entirety and replaced with the following:

**2. Compensation**

“City shall pay Subrecipient monthly for provision of services, upon receipt of invoice documenting expenditures. Total compensation under this Contract shall not exceed FIVE MILLION SEVEN HUNDRED TWENTY-EIGHT THOUSAND TWO HUNDRED AND TWENTY DOLLARS (\$5,728,220).”

**Amend TABLE A: Contracted Service Programs**

Table A: Contracted Service Programs hereby deleted in its entirety and replaced with the following:

**TABLE A: CONTRACTED SERVICE PROGRAMS**

<b>Program Title</b>	<b>Budgeted Amount</b>	<b>Fund Source</b>	<b>Part</b>
Bud Clark Commons – Day Center	\$1,092,000	General Fund	D
Bud Clark Commons – Rent Assistance	\$753,000	General Fund	D
Bud Clark Commons – Rent and Common Area Maintenance (CAM)	\$173,243	General Fund	D
Clark Center	\$92,000	ESG	E
Total: \$421,463	\$329,463	General Fund	
Doreen’s Place	\$63,591	ESG	F
Total: \$541,591	\$478,000	General Fund	
Emergency Services	\$746,644	General Fund	G
Jean’s Place	\$302,200	General Fund	H
OTIS	\$116,310	McKinney	I
Housing for Veterans	\$351,050	General Fund	J
Jerome Sears Emergency Shelter	\$740,719	General Fund	K
Peace Temporary Emergency Shelter	\$450,000	General Fund	L
Rent Well Landlord Guarantee Fund	\$40,000	HIF	M
<b>Contract Total</b>	<b>\$5,728,220</b>		



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**APPROVED AS TO FORM:**

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Tracy Reeve  
City Attorney

Date

**Exhibit D-1 (Amendment 5)  
Quarterly and Year-End Report**

<b>Subrecipient Name:</b>	Transition Projects
<b>Program Title:</b>	Bud Clark Commons – Day Center Bud Clark Commons – Rent Assistance
<b>Reporting Period: (check one)</b>	<input type="checkbox"/> 1 <sup>st</sup> Quarter: July 1 to September 30, 2015 <input type="checkbox"/> 2 <sup>nd</sup> Quarter: October 1 to December 31, 2015 <input type="checkbox"/> 3 <sup>rd</sup> Quarter: January 1 to March 30, 2016 <input type="checkbox"/> 4 <sup>th</sup> 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 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Total (Year to Date)	Annual Goal
<b>OUTPUTS</b>						
# total unduplicated clients served						6,000
# receiving housing case management						550
# receiving emergency housing						1,000
# placed in transitional housing						25
% connected to supportive services						50% of served
<b># total clients receiving rent assistance services</b>						<b>560</b>
# receiving rent assistance, FY13-14						50
# chronically homeless receiving rent assist.						125
# women receiving rent assistance						125
<b>OUTCOMES</b>						
# new permanent housing placements						455
# individuals diverted from shelter						150
# prevented from becoming homeless						40
% housed – 3 months after subsidy ends						90%
% housed – 6 months after subsidy ends						80%
% housed – 12 months after subsidy ends						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](mailto:Dawn.Martin@portlandoregon.gov)

**EXHIBIT D-2 (Amendment 5)  
 Transition Projects: Bud Clark Commons –  
 Combined Budget for Day Center, Rent Assistance and BCC CAM and Rent Charges  
 FY 2015-2016  
 REQUEST FOR PAYMENT**

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

Request For Payment #: \_\_\_\_\_ Contract #: 32001169  
 Billing Period: \_\_\_\_\_

**General Funds – Shelter and Emergency Services**

BUDGET CATEGORY	CONTRACT BUDGET	AMENDED BUDGET	AMOUNT THIS BILL	AMOUNT BILLED TO DATE	BALANCE
Personnel*	\$825,000				
Operating Expenses: (utilities, supplies)	\$34,500				
Client Assistance	\$50,000				
Indirect Costs	\$182,500				
<b>TOTAL</b>	<b>\$1,092,000</b>				

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

**General Funds – Shelter and Emergency Services**

BUDGET CATEGORY	CONTRACTED BUDGET	AMOUNT THIS BILL	AMOUNT BILLED TO DATE	BALANCE
BCC Rent–Day Center	\$15,817			
BCC Rent– Shelter	\$11,411			
BCC CAM–Day Center	\$88,275			
BCC CAM–Shelter	\$57,740			
<b>TOTAL</b>	<b>\$173,243</b>			

**General Funds – Prevention and Rapid Re-housing**

<b>BUDGET CATEGORY</b>	<b>CONTRACTED BUDGET</b>	<b>AMENDED BUDGET</b>	<b>AMOUNT THIS BILL</b>	<b>AMOUNT BILLED TO DATE</b>	<b>BALANCE</b>
Personnel*	\$158,000	\$158,000			
Client Assistance	\$400,000	\$540,000			
Indirect Costs	\$55,000	\$55,000			
<b>TOTAL</b>	<b>\$613,000</b>	<b>\$753,000</b>			

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

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

Prepared by: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Signature

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.*

**EXHIBIT J-1 (Amendment 5)  
Quarterly and Year-End Report**

<b>Subrecipient Name:</b>	Transition Projects
<b>Contract Number:</b>	32001169
<b>Program Title:</b>	Housing for Veterans
<b>Reporting Period: (check one)</b>	<input type="checkbox"/> 1 <sup>st</sup> Quarter: July 1 to September 30, 2015 <input type="checkbox"/> 2 <sup>nd</sup> Quarter: October 1 to December 31, 2015 <input type="checkbox"/> 3 <sup>rd</sup> Quarter: January 1 to March 31, 2016 <input type="checkbox"/> 4 <sup>th</sup> Quarter: April 1 to June 30, 2016 <input type="checkbox"/> Year-End: July 1, 2015 to June 30, 2016

**I. Progress towards outputs/outcomes**

	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Total (Year to Date)	Annual Goal
<b>OUTCOMES</b>						
# total households placed in permanent housing						100
# households housed with Housing Choice Vouchers (subset of above number)						50
% housed – 6 months					X	80%
% housed – 12 months					X	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 month. Return to Dawn Martin via email:  
[Dawn.Martin@portlandoregon.gov](mailto:Dawn.Martin@portlandoregon.gov).



**EXHIBIT J-2 (Amendment 5)  
Transition Projects: Housing for Veterans  
REQUEST FOR PAYMENT**

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

Request for Payment #: \_\_\_\_\_ Contract #: 32001169  
Billing Period: \_\_\_\_\_

**General Funds**

Budget Category	Contracted Budget	Amended Budget	Amount This Bill	Amount Billed to Date	Balance
Personnel*	\$168,000	\$168,000			
Client Assistance	\$121,550	\$151,150			
Administration	\$29,000	\$31,900			
<b>TOTAL</b>	<b>\$318,550</b>	<b>\$351,050</b>			

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

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

Prepared by: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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.

**EXHIBIT K-1 (Amendment 5)  
Quarterly and Year-End Report**

<b>Subrecipient Name:</b>	Transition Projects
<b>Contract Number:</b>	32001169
<b>Program Title:</b>	Jerome Sears Emergency Shelter
<b>Reporting Period: (check one)</b>	<input type="checkbox"/> 2 <sup>nd</sup> Quarter: October 1 to December 31, 2015 <input type="checkbox"/> 3 <sup>rd</sup> Quarter: January 1 to March 31, 2016 <input type="checkbox"/> 4 <sup>th</sup> Quarter: April 1 to June 30, 2016 <input type="checkbox"/> Year-End: July 1, 2015 to June 30, 2016

**I. Progress towards outputs/outcomes**

	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	Total (Year to Date)	Annual Goal
<b>OUTCOMES</b>					
# bed nights					35,000
#unduplicated individuals access shelter					500

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 month. Return to Dawn Martin via email:  
[Dawn.Martin@portlandoregon.gov](mailto:Dawn.Martin@portlandoregon.gov).



**PART M:**  
**RENT WELL TENANT EDUCATION AND LANDLORD GUARANTEE PROGRAM**

**I. Assignment**

The City hereby assigns and transfers any and all rights, if any, it may have in the program materials collectively known as “Rent Well” to the Subrecipient. In connection therewith, the City makes no representation regarding the use, distribution, promotion, and sale of Rent Well, and shall have no responsibility for any claims related to copyright, trademark rights, or trade dress rights by Subrecipient or of any third party. Subrecipient hereby assumes Rent Well in accordance with the General Terms and Conditions.

**II. Scope of Services**

Subrecipient shall provide the following services:

A. Landlord Guarantee Fund (LGF) administration. Subrecipient shall:

1. Provide landlord guarantee reservations against a Landlord Guarantee Fund of Housing Investment Funds to serve a maximum of 80 households at any point in time with a Landlord Guarantee reservation of \$2000 per household. Reservations will be honored for one year or until funds are depleted.

**III. Performance Measures**

For the following program components, the Subrecipient shall:

A. Landlord Guarantee Fund Administration:

1. Send confirmation of guarantee reservation to landlord within 5 business days of receiving all required forms and documentation.
2. Review claims and approve or deny the request within 10 business days of receiving all required forms and documentation.
3. Make payment to landlord on approved claims within 10 business days of approval.
4. Keep the guarantee database up-to-date at all times with information about confirmed reservations, reservation expiration dates, claims and payouts.

**IV. Compensation and Method of Payment**

A. It is agreed that total compensation under this program shall not exceed FORTY THOUSAND DOLLARS (\$40,000). This total compensation includes \$40,000 in City Housing Investment Funds against which Subrecipient may place reservations for landlord guarantees to establish a reserve for the Rent Well Landlord Guarantee Fund.

B. Payment for the final month in any given quarter will be held unless and until the quarterly report has been accepted for the prior quarter.

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**EXHIBIT M-1**  
**Rent Well Landlord Guarantee Program**  
**FY 2015-16**  
**REQUEST FOR PAYMENT**

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

Request For Payment #: \_\_\_\_\_ Contract #: 32001169 \_\_\_\_\_  
Billing Period: \_\_\_\_\_

**Housing Investment Fund**

Budget Category	Contracted Budget	Amount of This Bill	Amount Billed to Date	Balance
Client Services	\$40,000			
<b>TOTAL</b>	<b>\$40,000</b>			

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

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

Prepared By: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Signature Date

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