

AMENDATORY AGREEMENT

THIS AMENDATORY AGREEMENT is made and entered into this ____ day of _____, 20__, by and between the **CITY AND COUNTY OF DENVER**, a municipal corporation of the State of Colorado, (the "City"), and **THE COLORADO COALITION FOR THE HOMELESS**, a Colorado non-profit corporation, whose address is 2111 Champa Street, Denver, CO 80205, (the "Contractor").

BACKGROUND:

A. The City and the Contractor entered into that certain Agreement dated February 23, 2010, to provide funds to be utilized for rental subsidies and security deposits for income qualified households (the "Agreement"); and

B. The City and Contractor desire to revise the Agreement as set forth below;

NOWHEREFORE, in consideration of the premises and the mutual covenants and agreements contained in the Agreement and herein contained the parties agree as follows:

1. Paragraph 2 of the Agreement, entitled "**TIME OF PERFORMANCE**", is hereby amended to read as follows:

2. TIME OF PERFORMANCE: This Agreement shall begin on January 1, 2010 and end on April 30, 2011, unless such time is extended by written agreement of the parties, executed in the same manner as this Agreement."

2. The revised Scope of Services is attached hereto and incorporated herein as **Exhibit A-1**. All references to "Exhibit A" in the Agreement are hereby amended to read "Exhibits A-1, as applicable."

3. Except as herein amended, the Agreement is affirmed and ratified.

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10-123-A

IN WITNESS WHEREOF, the City and the Contractor have executed, through their respective lawfully empowered representatives, this Amendatory Agreement as of the day and year first above written.

ATTEST

By: _____
STEPHANIE Y. O'MALLEY,
Clerk and Recorder, Ex-Officio
Clerk of the City and County of Denver

APPROVED AS TO FORM:
DAVID R. FINE, City Attorney

By: _____
Assistant City Attorney

CITY AND COUNTY OF DENVER

By: _____
MAYOR

RECOMMENDED AND APPROVED:

By: John A. Ro
Office of Economic Development

REGISTERED AND COUNTERSIGNED:

By: _____
Manager of Finance
Contract Control No. GE01035(1)

By: _____
Auditor

"CITY"

THE COLORADO COALITION FOR THE HOMELESS. a Colorado non-profit corporation,
I.R.S. No. 84-0951575

By: Stanley B. E. lent

Name: SL
(please print)

Title: VP Operations

"CONTRACTOR"

EXHIBIT "A-1"
OFFICE OF ECONOMIC DEVELOPMENT
DIVISION OF BUSINESS AND HOUSING SERVICES (BHS)

Colorado Coalition for the Homeless (CPS#10):
2010 TBRA Program-(1)
SCOPE OF SERVICES
CDBG/HOME/HOPWA Services Grants

I. INTRODUCTION

The purpose of this amendment is extend the contract end date to April 30th, 2011 for the HOME contract of \$1,225,268 through the Office of Economic Development's Division of Housing and Neighborhood Development (BHS). These funds will be provided to the **Colorado Coalition for the Homeless (CCH)** to be utilized for rental subsidies and security deposits for 165 households (100 individuals plus (+) 65 families) through the CCH TBRA program (HOME). **This amendment adds time only, no additional funding.**

Funding Source:	Amount:	CFDA # 14.239
<input type="checkbox"/> CDBG	\$ _____	
<input checked="" type="checkbox"/> HOME	\$1,225,268	
<input type="checkbox"/> HOPWA	\$ _____	

HUD Matrix Code:	05S: Rental Housing Subsidies (HOME) 05T: Security Deposits
HUD Eligible Activity:	92.209: Costs related to tenant-based rental assistance
Accomplishment Code:	04: Households
Proposed Number:	165

CDBG – Only
HUD National Objective: N/A

HOME – Only
HUD Eligible Cost: 92.209: Costs related to tenant-based rental assistance

Organization:	84-0951575
EIN #	
DUNS#	14-728-7775
Address:	2111 Champa St., Denver, CO 80205
Contact Person:	John Parvensky, President, with copy to Mark Miller, Rental Assistance Director
Phone:	303-293-2217 303-866-5260
Email:	jp@coloradocoalition.org mmiller@coloradocoalition.org
Organization Type:	<input checked="" type="checkbox"/> Non-profit <input type="checkbox"/> For-profit

Is the organization a Faith-based/Community Initiative? Yes No
 Is the organization woman owned? Yes No

Contract Relationship:
 Subrecipient Vendor Beneficiary Community Based Development Organization CHDO

Council District(s): CW **Neighborhood(s):** CW **Census Tracts:** CW

Is the purpose of this activity to:

Help prevent homelessness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Help the homeless	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Help those with HIV/AIDS	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Primarily help persons with disabilities	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Address public housing needs	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Contract Period: January 1, 2010 - April 30, 2011

Will program income be generated by this activity? Yes No
Will activity be carried out by an entity other than grantee? Yes No
If yes, please list entity: **COLORADO COALITION FOR THE HOMELESS**

II. ACTIVITY DESCRIPTION

1. Purpose

TBRA provides a rental subsidy to program beneficiaries (individuals and families) who are selected from a list of eligible applicants screened and managed by case managers employed by CCH.

2. Program Requirements and Responsibilities

The intent of this program is to provide rental subsidies, security deposits and ongoing case management to eligible applicants whose incomes are at or below 50% AMI.

3. Performance Objective & Outcome

A. Objectives: The intent of this activity is to: Secure housing for 165 households that are experiencing homelessness or are at imminent risk thereof.

B. Outcomes: Participants will demonstrate increased access to benefits, maintain stable housing while in the program, and secure permanent housing at the end of the program.

Objective (select one)

- Enhance Suitable Living Environment
- Create Decent Housing
- Promote Economic Activity

Outcomes (select one)

- Availability/Accessibility
- Affordability
- Sustainability

4. Indicators

The following indicators will be used to measure the success of the contract/activity.

Indicators – must be measurable	
4a. Common Indicators	
1.	75% of the eligible participants in each phase will have applied for or obtained employment, TANF, or disability benefits such as AND, SSI/SSDI, Veterans Benefits, Old Age Pension, Medicare or Medicaid within six months of obtaining housing.
2.	75% of participants will maintain continuous stable housing while enrolled in the program.
3.	75% of participants will have successfully transitioned to affordable, permanent housing by the end of their two years of TBRA assistance. CCH will continue to report on the progress of this goal through the second year.
4. b Specific Indicators	
1.	Outreach and Marketing of Program: Provide outreach and affirmative marketing to chronically homeless families and individuals, through intensive outreach on the streets of Downtown Denver and to area shelters serving families. An average of 30 households will be referred to the program each month beginning January 1, with 100 households enrolled and housed by June 30, 2010.
2.	Assess Referrals, Determine Eligibility and Enroll Program Participants: An average of 30 households

- will be enrolled in the program each month until the program has housed at least 165 households.
3. **Locate and Lease-up Affordable Housing:** An average of 10 additional households will be assisted to locate and lease-up housing each month.
 4. **Provide Case Management Support Services:** Case Managers will meet with each participant at least twice a month on average to assist participants to secure employment, obtain disability benefits, to access health, dental, mental health and substance treatment, or to address housing issues.
 5. **Secure Permanent Housing:** Participants will be assisted to apply for permanent housing, including Section 8 and Shelter Plus Care. Case managers will continue to work with each participant to develop a transition of the household to permanent housing at the end of their two year HOME TBRA assistance.

5. Implementation Plan and Timeline

The following table outlines the implementation plan and time lines for this contract.

Task	Projected Beginning & End Dates
Assist 75% of participants to increase or maintain their income.	Within 6 months of obtaining housing
Report on participant progress	6/2010 and 4/2011
Assist 75% of participants with maintaining continuous stable housing	Once housing is obtained: 6/2010 & 12/2010
Assist 75% of participants to successfully transition to affordable, permanent housing by the end of their two years of TBRA assistance.	6/2010 & 4/2011
Market program and maintain wait-list	Throughout program
Provide program participant status surveys for 1st & 2nd year participants (due with June 2010 and December 2010 draw requests	6/30/10 & 4/30/2011

III. Budget (Please see Attachment A – Budget Template)

If program income is generated, how will income be used? (Please refer to attached Option Sheet) _____

- Is a copy of the Program Budget form attached? Yes No
 Are non-personnel costs being funded Yes No
 If yes, attach a cost allocation plan Yes No

IV. Reporting

Data collection is required and must be completed demonstrating income eligibility and achievements met towards meeting the indicators contained in the Scope of Services. All disbursement of funds is contingent based on the ability to collect the required information.

The CCH 2010-2011 TBRA Program will submit an Outcome Performance Measurement Report/Reporting Form to BHS **QUARTERLY** and, if applicable, when the monthly financial draw request is submitted. The information reported must include progress on the indicators included in this Scope of Services. The report includes current and cumulative (year-to-date) indicator information. Information on the overall progress of the program and/or project should be reported in the narrative section of the report. The Colorado Coalition for the Homeless will provide the following monthly reports to OED (emailed to the contractor and provided with executed contract). All first year program participant data must be reported separately from second year program participant data:

1. Outcome/Performance Measures Report
2. Race/Ethnicity Report
3. Statement of Household Income/Demographics
4. Other reporting as requested by OED.

If the project is not being performed in a timely manner then an explanation should be included in the narrative section of the report.

Is the Outcome Performance Measurement Report/or other required reporting form attached? Yes No

Income and Demographic Reporting Requirements

For programs that must fulfill the limited clientele activities, income data must be collected to verify that at least 51 percent of program participants are low- or moderate-income persons. The income limitations are set by HUD annually and BHS will provide the income limitations.

Select what method of income verification will be used to demonstrate income compliance:

- Self-Certification Verification with supporting income documentation Not Applicable

HOME funded contracts only:

If income will be verified, select the definition to be used to determine annual household income:

- Part 5 income (rental) Census Long Form (homeownership for-sale) IIRS Form 1040 (rehab)

BHS has a form entitled "STATEMENT OF HOUSEHOLD INCOME/DEMOGRAPHICS" that may used to collect income and demographic information or an existing form incorporating the required data may be used. This information must be retained and be made available to BHS staff or designee upon request. The minimum data required for each program participant is as follows:

1. Unique identifier – name and address
2. Identify whether the head of household is female or/or disabled
3. Total number of household members
4. Total income of the household
5. Number of household members served by the program
6. The **ethnicity** – Hispanic or Latino OR Not Hispanic or Latino of each household member served
7. The **race** of each household member served –
 - a. White
 - b. Black/African American
 - c. Asian
 - d. American Indian/Alaska Native
 - e. Native Hawaiian/Other Pacific Islander
 - f. American Indian/Alaska Native & White
 - g. Asian & White
 - h. Black/African American & White
 - i. American Indian/Alaska Native & Black / African American
 - j. Other Multi-race (Please explain)

NOTE: each household member served by the program is required to select **BOTH** an ethnicity and a race category!

8. Signature attesting to the accuracy of the information submitted.