



MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (revised 09/22/08)

Board Clerk Use Only	
Meeting Date:	_____
Agenda Item #:	_____
Est. Start Time:	_____
Date Submitted:	_____

Agenda Title:	Amendment #2 to Intergovernmental Agreement (IGA) #4600007218 between Multnomah County and the Housing Authority of Portland (HAP) to reduce State of Oregon, Oregon Housing and Community Services Low-Income Rental Housing Fund (LIRHF) award for the current fiscal year.
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Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date:	Next Available	Amount of Time Needed:	_____
Department:	DCHS	Division:	Community Services Division
Contact(s):	Tiffany Kingery / Mary Li		
Phone:	503.988.6295	Ext.:	22728 / 26787
Presenter(s):	Consent Calendar		
		I/O Address:	167/2/200

General Information

1. What action are you requesting from the Board?

Review and approval of amendment to IGA with HAP for the reduction of State of Oregon Housing and Community Services (OHCS), Low Income Rental Housing Fund (LIRHF) award.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

The Housing Authority of Portland administers the Short-Term Rental Assistance (STRA) Program, which provides rental assistance and emergency voucher funds to families and individuals. The County recently received notification from OHCS of the reduction for the current fiscal year, and the actual allocation was lower than the original estimated amount of \$123,060.00 allocated during contract origination. As a result, we over allocated funding by \$79,060, which is now being deducted from the Agreement via this amendment. This change impacts Program Offer #25133A.

3. Explain the fiscal impact (current year and ongoing).

This is a one time only reduction and does not impact the level of service previously established in the contract.

4. Explain any legal and/or policy issues involved.

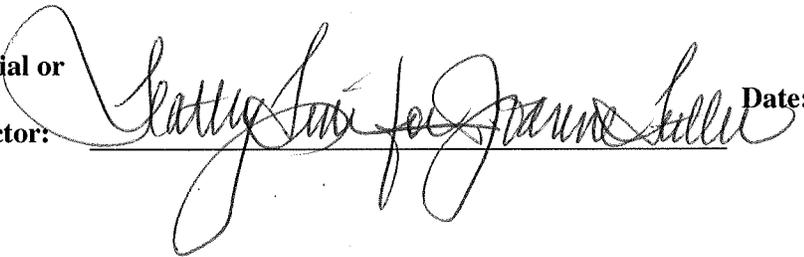
This IGA continues to bring current Clearinghouse functions into alignment with the new unified rent assistance system model as identified in the 10 year Plan to End Homelessness.

5. Explain any citizen and/or other government participation that has or will take place.

The unified rent assistance system was created in collaboration with the City of Gresham, the City of Portland, and the Housing Authority of Portland. Significant citizen and provider feedback was sought and used throughout the planning process. An Oversight Committee, representing the jurisdictions, providers, and community members was formed and will continue to provide accountability to the new system as it continues to be implemented.

Required Signature

Elected Official or
Department/
Agency Director:



Date:



MULTNOMAH COUNTY CONTRACT APPROVAL FORM (CAF)

(See Administrative Procedure CON-1)

Contract #: **4600007218**

Pre-approved Contract Boilerplate (with County Attorney signature) Attached Not Attached

Amendment #: **2**

Class I Based on Informal / Intermediate Procurement	Class II Based on Formal Procurement	Class III Intergovernmental Contract (IGA)
<input type="checkbox"/> Personal Services Contracts	<input type="checkbox"/> Personal Services Contracts	<input checked="" type="checkbox"/> Expenditure Contract <input type="checkbox"/> Revenue Contract <input type="checkbox"/> Grant Contract <input type="checkbox"/> Non-Financial Agreement
PCRB Contract <input type="checkbox"/> Goods or Services <input type="checkbox"/> Maintenance or Licensing Agreement <input type="checkbox"/> Public Works / Construction Contract <input type="checkbox"/> Architectural & Engineering Contract	PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts <input type="checkbox"/> Architectural & Engineering Contracts	
<input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> INTER-DEPARTMENTAL AGREEMENT (IDA)

Department: <u>County Human Services</u>	Div/Prog: <u>Community Services Division</u>	Date: <u>October 8, 2009</u>
Originator: <u>Tiffany Kingery</u>	Phone: <u>22728</u>	Bldg/Rm: <u>167/2/200</u>
Contact: <u>Sydney Bizzell Roberts</u>	Phone: <u>22701</u>	Bldg/Rm: <u>167/1/240</u>

Description of Contract This amendment will allow for a reduction in LIRHF funding due to State reductions.

RENEWAL: PREVIOUS CONTRACT #(S): _____ EEO CERTIFICATION EXPIRES: 8.31.08

PROCUREMENT: IGA

EXEMPTION OR _____ ISSUE _____ EFFECTIVE _____ END _____

CITATION # _____ DATE: _____ DATE: _____ DATE: _____

CONTRACTOR IS: MBE WBE ESB QRF State Cert# or Self Cert Non-Profit N/A (Check all boxes that apply)

Contractor: <u>Housing Authority of Portland</u> Address: <u>135 SW Ash St</u> City/State: <u>Portland, OR</u> Zip Code: <u>97204</u> Phone: <u>503.802.8300</u> Employer ID# or SS#: <u>93.6001547</u> Contract Effective Date: <u>July 1, 2008</u> Term Date: <u>June 30, 2011</u> Amendment Effect Date: <u>July 1, 2008</u> New Term Date: <u>June 30, 2011</u>	Remittance Address: _____ (If different) _____ Payment Schedule / Terms <input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt <input type="checkbox"/> Monthly \$ _____ <input type="checkbox"/> Net 30 <input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Other <input type="checkbox"/> Price Agreement (PA) or Requirements Funding Info: _____
Original Contract Amount: <u>\$ 1,188,888.00</u> Total Amt of Previous Amendments: <u>\$ 32,829.00</u> Amount of Amendment: <u>\$ (79,060.00)</u> Total Amount of Agreement: <u>\$1,142,657.00</u>	Original Requirements Amount: \$ _____ Requirements Amount Amendment: \$ _____ Requirements Changes Non-Amendment: \$ _____ Total Amount of Requirements: \$ _____

REQUIRED SIGNATURES

Department Manager <u><i>[Signature]</i></u>	DATE <u>10/12/09</u>
Purchasing Manager _____	DATE _____
County Attorney <u>APPROVED BY PATRICK HENRY</u>	DATE <u>9-14-09</u>
County Chair _____	DATE _____
Sheriff _____	DATE _____
Contract Administration _____	DATE _____

COMMENTS: SAP Vendor #24226

OLSON Lou G

From: HENRY Patrick W
Sent: Monday, September 14, 2009 3:42 PM
To: ROBERTS Sydney L
Subject: RE: HAP Amendment 2 for Review

This contract has been reviewed and is approved for circulation for signature.

From: ROBERTS Sydney L
Sent: Tuesday, September 08, 2009 2:21 PM
To: HENRY Patrick W
Subject: HAP Amendment 2 for Review

Good afternoon Patrick – Please find attached Amendment #2 to IGA #4600007218 with the Housing Authority of Portland to reduce LIRHF funding by \$79,060.

This amendment is ready for the Director's signature pending your review and approval.

Thank you!

*Sydney Bizzell Roberts, Contract Specialist
Multnomah County DCHS
421 SW Oak St., Suite 240 - 167/1/240
Portland, OR 97204
P: 503.988.6295, ext. 22701
F: 503.988.3476*

**MULTNOMAH COUNTY SERVICES CONTRACT AMENDMENT
(Amendment to Change Contract Provisions During Contract Term)**

CONTRACT NO. 4600007218 - AMENDMENT NO. 2

This is an amendment to Multnomah County Contract No. 4600007218 effective July 1, 2008 between Multnomah County, hereinafter referred to as County, and Housing Authority of Portland hereinafter referred to as Contractor.

The parties agree:

- The following changes are made to Contract No. 4600007218 effective July 1, 2009 through June 30, 2011:

Funding for Clearing House Services are reduced as described in the table below and detailed in the revised Attachment A: IGA Contract and Release Order.

IGA Line #	Item Description	RO#	RO Line#	Orig. Amt.	Reduction	New Total
1	Clearinghouse Services	45-113038	3	\$123,060	\$79,060	\$44,000

- All other terms and conditions of the contract shall remain the same.

CONTRACTOR DATA AND SIGNATURE

Contractor Name Housing Authority of Portland
135 SW Ash St, Portland, OR 97204

Phone No. 503.802.8300

Federal Tax ID# or Social Security: 93.6001547

Is Contractor a Nonresident alien? Yes No

Business Designation (check one):

<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Corporation-for profit	<input type="checkbox"/>	Corporation-Non-profit
<input type="checkbox"/>	Other, describe here: _____		

Federal tax ID numbers or Social Security numbers are required pursuant to ORS 305.385 and will be used for the administration of state, federal and local laws. Payment information will be reported to the Internal Revenue Service under the name and Federal tax ID number or, if none, the Social Security number provided above.

I have read this Contract Amendment. I understand the Contract Amendment and agree to be bound by its terms.

Signature _____ Title _____

Name (please print) _____ Date _____

MULTNOMAH COUNTY SIGNATURE

(This contract is not binding on the County until signed by the Chair or the Chair's designee)

County Chair or Designee _____ Date _____

Department and County Council Approval and Review

Approved: *Sonthea Sun for Joanna Fuller* 10/9/09
 Department Manager or Designee Date

Reviewed: *Approved by Patricia Hensley* 9-14-09
 Assistant County Counsel Date



IGA Contract

Vendor Address

HOUSING AUTHORITY OF PORTLAND
135 SW ASH ST
PORTLAND OR 97204

Information

Contract Number 4600007218
Date 04/17/2008
Vendor No. 24226
Contact/Phone OSCP Services /

Validity Period: 07/01/2008 - 06/30/2011
Minority Indicator: Not Identified

Estimated Target Value: 1,142,657.00 USD

Item	Material/Description	Target Qty	UM	Unit Price
0001	<p>FY 07/08 Contract #4600006735 Program Contact: Tiffany Kingery, 503.988.6295, ext. 22728 ~~~~</p> <p>9/24/08 Amendment 1 Effective 7/1/08-6/30/09 Increased line 1 by \$24,007 Increased line 2 by \$8,822 ~~~~</p> <p>8/28/09 Amendment 2 Reduced line 1 by \$79,060</p> <p>H50030015 Clearinghouse Services (USD)</p> <p>Plant: F010 County Human Services Requirements Tracking Number: IGA Requisition #: 10043504 Per Invoice/Cost Reimbursement/Req't's ~~~~</p> <p>9/24/08 Amendment 1 Increased line by \$24,007 from \$890,163 to \$914,170 ~~~~</p> <p>8/28/09 Amendment 2 Reduced line by \$79,060 from \$914,170 to \$835,110</p>	835,110.000	Dollars	\$ 1.0000
0002	<p>H50030016 Clearinghouse Services Admin (USD)</p> <p>Plant: F010 County Human Services Requirements Tracking Number: IGA Requisition #: 10043504 Per Invoice/Cost Reimbursement/Req't's ~~~~</p> <p>9/24/08 Amendment 1 Increased line by \$8,822 from \$298,725 to \$307,547</p>	307,547.000	Dollars	\$ 1.0000