

of sexual assault or domestic violence, and those with serious mental illnesses or health conditions. The households will be placed into permanent housing and eighty percent of the households placed in permanent housing will remain in housing twelve months after the end of rent subsidy.

This one-time-only funding will provide Homeless Family Shelter Rent Assistance & Services for approximately 200 additional families for the remainder of FY2014. Any unexpended funding will be carried forward to continue these services into FY2015.

This funding will be included in the Community Services Homeless Family Shelter and Emergency Services Program Offer 25111A.

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

The FY2014 fiscal year budget for the Community Services Division will increase by \$700,000 in Contracted Pass-Through expenses. Any unexpended funds at the end of FY2014 will be carried forward to provide these services in FY2015.

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

N/A

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

N/A

Budget Modification

If the request is a **Budget Modification**, please answer **all** of the following in detail:

- **What revenue is being changed and why? If the revenue is from a federal source, please list the Catalog of Federal Assistance Number (CFDA).**

Funding from the City of Portland general fund will increase by \$700,000. There is no CFDA number.

- **What budgets are increased/decreased?**

The FY2014 budget for Community Services Division Homeless Family Shelter and Emergency Services Program Offer # 25111A, will increase by \$700,000.

- **What do the changes accomplish?**

The added funding will provide Homeless Family Shelter Rent Assistance & Services for approximately 200 additional families.

- **Do any personnel actions result from this budget modification? Explain.**

No

- **If a grant, is 100% of the central and department indirect recovered? If not, please explain why.**

No. This grant does not pay County indirect charges.

- **Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?**

This funding is one-time-only. After the funding is exhausted, program will return to prior service levels.

- **If a grant, what period does the grant cover? When the grant expires, what are funding plans? Are there any particular stipulations required by the grant (i.e. cash match, in kind match, reporting requirements etc)?**

This is one-time only revenue. The grant period ends December 31, 2014
There are no cash match or in kind match requirements.

NOTE: Attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

Required Signatures

Elected Official or Dept Director: Kathy Tinkle for Susan Myers /s/ **Date:** 12/13/13

Budget Analyst: Jennifer Unruh /s/ **Date:** 12/13/2013

Department HR: N/A **Date:** _____

Countywide HR: N/A **Date:** _____

Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please date each signature. Use "n/a" when signature not applicable."