



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST

Board Clerk Use Only

Meeting Date: _____

Agenda Item #: _____

Est. Start Time: _____

Date Submitted: _____

Agenda Title: Amendment #4 to Intergovernmental Agreement (IGA) #4600007218 between Multnomah County and the Housing Authority of Portland (HAP) to add State of Oregon, Oregon Housing and Community Services Housing Stabilization Funds (HSP) and County General Funds for fiscal year 2010/2011.

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 addition of State of Oregon Housing and Community Services (OHCS), Housing Stabilization Program (HSP) funds and County General Funds for fiscal 2010/2011.

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 (HAP) administers the Short-Term Rental Assistance (STRA) Program, which provides rental assistance and emergency voucher funds to families and individuals.

The County is amending the agreement to add HSP funding in the amount of \$177,767 for fiscal year 2010/2011. This will allow HAP to administer the HSP portion of the STRA Program for the current fiscal year. This change impacts Program Offer #25133.

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

This is an increase in funding for the final performance year of the contract that will allow

HAP to continue providing administration services on behalf of the County. The Agreement will end June 30, 2011.

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

This amendment 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:**

Sally Linn for Joanne Fuller

Date:

11/16/10

ROBERTS Sydney B

From: HENRY Patrick W
Sent: Tuesday, October 19, 2010 2:41 PM
To: ROBERTS Sydney B
Subject: RE: HAP #4600007218 Am. 4

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

From: ROBERTS Sydney B
Sent: Friday, October 15, 2010 12:22 PM
To: HENRY Patrick W
Subject: HAP #4600007218 Am. 4

Good afternoon Pat -

Please find attached Amendment 4 to the Housing Authority of Portland IGA #4600007218. This amendment will allow for the addition of Housing Stabilization Program funding in the amount of \$177,767 and Attachment G. Program Instructions.

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

Thank you!
Sydney B. Roberts
Contract Specialist
Multnomah County - DCHS BS
503.988.6295 x22701p
503.988.3332

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

CONTRACT NO. 460007218 - AMENDMENT NO. 4

This is an amendment effective October 1, 2010 to Multnomah County Contract No. 460007218 between Multnomah County, hereinafter referred to as County, and Housing Authority of Portland hereinafter referred to as Contractor.

The parties agree that the contract is amended as follows:

1. Funding in the amount of **\$177,767** has been added for FY 10/11 to the Short-Term Rental Assistance (STRA) for rental assistance and auxiliary services. Effective October 1, 2010 through June 30, 2011.
2. Add Attachment G Multnomah County Department of County Human Services, Community Services Division, Program Instructions for Short-Term Rental Assistance Services (STRA). Effective July 1, 2010 - June 30, 2011 are attached and hereby incorporated by this reference.
3. The maximum payment under this contract is \$1,674,441 including \$1,142,657 in requirements funding.
4. All other terms and conditions of the contract shall remain the same.

CONTRACTOR DATA AND SIGNATURE

Contractor Name	<u>Housing Authority of Portland</u>		
	<u>1605 NE 45th Avenue, Portland OR 97213</u>		
Phone No.	<u>503.335.6810</u>		
Email:	<u>ians@hapdx.org</u>		
Is Contractor a Nonresident alien?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	
Business Designation (check one):	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>
	<input type="checkbox"/>	Corporation-for profit	<input type="checkbox"/>
	<input type="checkbox"/>	Other, describe here:	<input type="checkbox"/>
			Partnership
			Corporation-Non-profit

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 previously provided.

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	_____
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Department and County Counsel Approval and Review

Approved:	<u></u>	Date	<u>11/17/10</u>
	Department Manager or Designee		
Reviewed:	<u>APPROVED BY PATRICK HENRY</u>	Date	<u>10-19-10</u>
	Assistant County Counsel		

Attachment G - Section 1

Multnomah County, Department of County Human Services
 Community Services Division
 Program Instructions for Short-Term Rental Assistance Services
 Agency: Housing Authority of Portland - Effective July 1, 2010 to June 30, 2011

Statement of Work

Service Description	Type of Funding for Anti-Poverty Case Management Services	Amount of Funding	Validity Dates	Payment Method
Clearinghouse Services, rental assistance/short-term vouchers	CGF	\$197,881	7/1/010-6/30/11	Per Invoice, Cost Reimbursement
Clearinghouse Services, rental assistance/short-term vouchers	LIRHF	\$45,584.	7/1/010-6/31/11	Per Invoice, Cost Reimbursement
Admin for Clearinghouse Services	CGF	\$110,552.	7/1/010-6/30/11	Per Invoice, Cost Reimbursement
Housing Stabilization Program (HSP) EHA Match	HSP/EHA	\$140,304	10/01/2010-6/30/2011	Per Invoice, Cost Reimbursement
HSP CGF Match 5%	HSP/CGF	\$12,012	10/01/2010-6/30/2011	Per Invoice, Cost Reimbursement
HSP Agency Admin 5% EHA Match	HSP/EHA	\$7,016	10/01/2010-6/30/2011	Per Invoice, Cost Reimbursement
HSP Agency Admin 5% CGF Match	HSP/CGF	\$600.	10/01/2010-6/30/2011	Per Invoice, Cost Reimbursement
HSP Agency Admin 10% CGF Admin	CGF	\$17,835	10/01/2010-6/30/2011	Per Invoice, Cost Reimbursement
	Total Funding	\$531,784		

Target Population

The primary target population are households who are homeless or at risk of homelessness.

Service Description

Housing assistance and auxiliary services.

Regulations and Guidelines

Services funded	Funding Source(s)	Online Reference
Rental Assistance	> LIRHF	http://www.ohcs.oregon.gov/OHCS/pdfs/factsheets/CRD_Factsheet_Low_Income_Rental_Assistance.pdf
Rental Assistance and Auxiliary Services	HSP	Contractor is required to abide by the rules and regulations in the Housing Stabilization Program Manual prepared by Oregon Housing and Community Services available at: www.hcs.state.or.us and the Oregon Administrative Rules governing the Housing Stabilization Program available at: http://arcweb.sos.state.or.us/rules/OARS_813/813051.html .

Eligibility Requirements

Provider has been given training and manuals on both the Low Income Rental Housing Fund (LIRHF) and the Housing Stabilization Programs (HSP).

Client File Requirements

All services must follow the client file standards per the HSP Manual provided by Oregon Housing and Community Services (OHCS) during Contractor and provider training.

Outputs and Outcomes

All outcomes are listed in the Agreement document for the Short-Term Rental Assistance Program and apply to and include HSP.

Reporting

HAP must monitor the ServicePoint data collection system to collect data in order to assure the accuracy of all STRA data. All data must be entered into the System no later than the 15th day of each month following the month the services were provided.

Special Conditions

Grievances: Agency must establish a system of written procedures through which a client or family member may present grievances about the operation of services. Agency shall make them readily accessible and available to clients, such as through the posting, distribution of the procedures in areas frequented by clients, and written documentation in client case file, as applicable. Agency shall, upon request, provide advice to such persons as to the grievance procedure. Agency must keep evidence in client file that shows client has been made aware of the agency's grievance procedures.

Appeals Process: If clients seeking services funded by OHCS are denied services, they must be notified of the denial and informed in writing of their right to a fair hearing regarding that determination. Agencies receiving OHCS funds shall have a written procedure for the handling of client's appeal of determinations (denial of services).

The OHCS Program Coordinator must receive notification that a hearing was held. Based on the funding for the service that was denied, agency shall direct the notification to the OHCS program coordinator responsible for that funding stream. A copy of the notification should also be sent to your Contract Liaison. For example, if the services denied are funded by EHA, then the notification of appeal will be sent to the attention of the OHCS **EHA Program Coordinator.

All OHCS Program Coordinators are located at the following address:

Attn: OHCS * Program Coordinator
Oregon Housing and Community Services
P.O. Box 14508
Salem, Oregon 97309-0409