

SERVICE PROVIDER AGREEMENT**Term: April 1, 2017 through June 30, 2017**

**UNITED WAY OF GREATER HOUSTON
Service Provider Agreement
AMENDMENT**

Amendment to Service Provider Agreement between the United Way of Greater Houston and Fort Bend County Social Services, dated December 15, 2015.

The parties agree to the following terms and conditions and expressly agree that if any of the following terms and conditions conflict with any of the terms and conditions of the Service Provider Agreement, then the following terms and conditions govern.

On March 13, 2017, United Way of Greater Houston approved a request from Fort Bend County Social Services to extend the grant term for three additional months. Therefore, the Service Provider Agreement is amended as follows:

TERM

All projects must be completed by June 30, 2017. Upon the completion of this extended term United Way and Fort Bend County Social Services will discuss necessary actions with any remaining grant funds.

UNITED WAY STAFF ASSIGNED: Curtis W. McMinn, Senior Program Manager, 713-685-2738, cmcminn@unitedwayhouston.org

Fort Bend County Social Services:By: 

Name: Robert Hebert

Title: County Judge

Date: 4-25-17**United Way of Greater Houston**By: 

Name: Linda O'Black

Title: Vice President, Community Impact

Date: 4-11-17

CERTIFICATE OF INTERESTED PARTIES**FORM 1295**

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

United Way of Greater Houston
Houston, TX United States

Certificate Number:
2017-194768

Date Filed:
04/19/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

United Way of Greater Houston

Date Acknowledged:

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

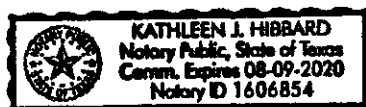
G645-17VETERAN
United Way Veteran Services Grant 2017 Amendment 1

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO interested Party.

**6 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CURTIS McMINN, this the 19TH day of APRIL, 20 17, to certify which, witness my hand and seal of office.

Signature of officer administering oath

KATHLEEN J. HIBBARD
Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

United Way of Greater Houston
Houston, TX United States

Certificate Number:
2017-194768

Date Filed:
04/19/2017

Date Acknowledged:
04/25/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

United Way of Greater Houston

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

G645-17VETERAN
United Way Veteran Services Grant 2017 Amendment 1

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



United Way of Greater Houston

United Way Center for
Philanthropy, Leadership
and Volunteerism

50 Waugh Drive
Houston, Texas 77007

P.O. Box 3247
Houston, Texas 77253-3247
Phone 713-685-2300

Chair of the Board
Marc Watts

Executive Committee

Dorothy Ables
Bruce Culpepper
Stephen M. Fraga
Robert W. Harvey
Jonathan C. Homeyer
Duncan F. Klussmann
Lynne Liberato
Lynn Mathre
David McClanahan
Wayne McConnell
Jack B. Moore
Robert K. Reeves
Thomas L. Ryan
Tom Walters

Trustees

J. Murry Bowden
Jennifer Brown
Deborah Byers
John Carrig
Willie Chiang
Claude Cummings, Jr.
Tim Cutt
Marcus Davis
Irma Diaz-Gonzalez
Daniel Cardinal DiNardo
Lynn L. Elsenhans
Mary Jane Fortin
John T. Grempe
Ryan Lance
Louis Lien
Gina A. Luna
Rabbi David Lyon
Scott J. McLean
Oniel Mendenhall, Jr.
Ron Oran
Karyn F. Ovelmen
Sue Payne
Scott M. Prochazka
Allie Pruner
Bobby Robbins
Jamey Rootes
Jeff Shellebarger
Anne Taylor
Jose Villarreal
George C. Yang

President and CEO
Anna M. Babin

December 15, 2015

Ms. Anna Gonzales
Director
Fort Bend County
301 Jackson Street
Richmond, TX, 77469

Dear Ms. Gonzales:

On behalf of the Veteran Services Grant Review Committee, and the Community Impact Committee, I am pleased to inform you that Fort Bend County has been awarded a Veteran Services Grant in the amount of \$10,000! The grant is to be used exclusively as outlined in the Scope of Services section of the attached Service Provider Agreement. Please sign and return the Service Provider Agreement to the address listed on the agreement. Once received, United Way will mail a check for the full award amount.

United Way is interested in gathering critical feedback and data on the success of each awarded project. In the coming weeks, United Way will schedule a site visit to meet your program staff and when possible, witness your services in action. In addition, United Way will work with your agency to submit six and twelve month reports detailing the progress of your project. **The details of your reporting requirements are outlined in your Service Provider Agreement.**

Beginning early next year, United Way will host quarterly meetings with the 2016 Veteran Services Grant recipient organizations. The purpose of these quarterly meetings will be to focus on enhancing collaboration among grant recipients and to identify ways to better serve the veterans in our community. RSVP invitations will be sent via email.

We appreciate your commitment to this important project and look forward to hearing about the impact of your efforts as you serve our veterans community.

If you have any questions, please contact Curtis McMinn at (713) 685-2738 or email cmcminn@unitedwayhouston.org.

Very truly yours,

Linda O'Black
Linda O'Black
Vice President
Community Impact

LO:cm

enc:2

**UNITED WAY OF GREATER HOUSTON
SERVICE PROVIDER AGREEMENT**

THIS AGREEMENT, entered into this 15th day of December, 2015 by and between the United Way of Greater Houston and Fort Bend County.

PURPOSE: United Way of Greater Houston Veteran Services Grant

SCOPE OF SERVICES: Grant funds will be used to cover budget items in project budget. No other expenses are approved for grant funding.

COLLABORATIVE AGREEMENT: Project is in collaboration with **Katy Christian Ministries**. Collaborative partners are expected to carry out all proposed duties, including agreed upon steps to maintain a successful collaborative relationship. As recipient of a collaborative grant, each partner must attend quarterly meetings in 2016. Dates of the meetings will be communicated via email. Additional expectations are outlined on the back of this document.

TERM: All projects must be completed within one year of the grant funding date (see above).

COMPENSATION: Funding in the amount of \$10,000

REPORTING: You are required to submit a six and twelve month report detailing the progress and overall outcome of your project. Reports will include narrative and demographic questions. United Way will communicate additional reporting details, including the reporting form, via email. Your six month report is due July 1, 2016 and your twelve month report is due January 13, 2017. In addition, you are required to notify United Way regarding any changes to your project's services or outcomes.

Please email all reports to: cmcminn@unitedwayhouston.org or via snail mail: 50 Waugh Drive Houston, TX 77007

BRANDING: Fort Bend County agrees to acknowledge the "United Way of Greater Houston Veteran Services Grant" at the project location and on any printed materials related to your project. However, grant recipients are not permitted to use the United Way of Greater Houston logo.

UNITED WAY STAFF ASSIGNED: Curtis McMinn, Senior Program Manager, Community Investment, 713/685-2738 or cmcminn@unitedwayhouston.org.

This agreement constitutes the entire agreement of the parties with respect to the subject matter hereof and supersedes all prior agreements, understandings or commitments of the parties, written or oral. This agreement may be amended only by an agreement in writing executed by both parties, and no oral modifications of this agreement shall be effective.

Fort Bend County:

By: 

Name (print or type): Robert Hebert

Date: 2-2-16 Approved in Commissioners Court 1-5-16

Title: County Judge

United Way of Greater Houston:

By: 

Name (print or type): Linda O'Black

Date: 12-15-15

Title: Vice President, Community Impact

**UNITED WAY OF GREATER HOUSTON
SERVICE PROVIDER AGREEMENT**

Within 45 Days of Receiving Funding:

- For those projects that received less funding than requested, partners should notify United Way in writing of any changes to their objectives (example: potential clients served) dictated by the reduced _____ funding amount.

By 6 Month Report:

- Partners have adjusted their objectives based on needs, lessons learned since implementation
- Clearly defined processes in place for assessing client needs
- Partners can communicate the value – and challenges – the collaborative relationship presents both organizations and the veterans they serve
- Demonstrated understanding of the services each partner can provide/integration of appropriate services beyond initial proposal
- Adequate progress towards achieving proposed and/or updated client numbers and outcomes targets
- Plan in place to strengthen collaborative relationship for the remaining six months of the grant period.
- Partners have participated in each United Way collaborative meeting (schedule emailed to awardees)

By 12 Month Report:

- Partners have made significant progress towards achieving their adjusted objectives
- Partners have served the number of clients they intended to serve as indicated in their six month report OR have a rationale for why the targets were not met
- Demonstrate how what was learned in the past year may be used to strengthen their collaborative work going forward
- Have begun to integrate this project in their respective agency's broader work
- Partners can communicate how they plan to maintain or modify the collaborative relationship for next year.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2016-5617

Date Filed:
01/25/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

United Way of Greater Houston
Houston, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

Unknown

Basic needs fund for women veterans in collaboration with Katy Christian Ministries

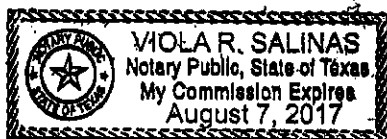
4	Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO interested Party.



6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Linda O'Black

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Linda O'Black, this the 26th day of January, 2016, to certify which, witness my hand and seal of office.

Viola R. Salinas

Signature of officer administering oath

Viola R. Salinas

Printed name of officer administering oath

Title of officer administering oath