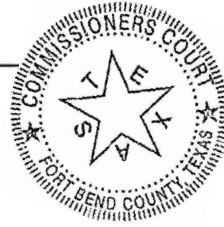


IN WITNESS WHEREOF, the parties put their hands to this Amendment on the dates indicated below.

GRANTEE: FORT BEND COUNTY

KP George
County Judge KP George
KP George, County Judge



2-9-2021

Date

ATTEST: *Laura Richard*
Laura Richard, County Clerk

REVIEWED BY COUNTY PROJECT MANAGER:

Carol Borrego
Carol Borrego, Director
Fort Bend County Community Development Department

APPROVED AS TO FORM:

Huma Ahmed
Assistant County Attorney

SUBRECIPIENT: TEXANA CENTER

By *George Patterson*
George Patterson, CEO
Printed Name, Title

01.19.2021

Date

ATTEST: *Rhonda Hodges*
Signature
Rhonda Hodges, Executive Assistant
Printed Name, Title

EXHIBIT A

EXHIBIT A

REVISED SECTION I- TEXANA

I. SCOPE OF SERVICE

- A. The Subrecipient will be responsible for administering an ESG CV Program Year 2020 funded program for emergency shelter cv components in a manner satisfactory to the Grantee and consistent with any standards required as a condition of providing these funds.
- B. The Subrecipient shall be responsible for providing essential services to homeless individuals in the Subrecipient's emergency shelter and supplying necessary operations of the shelter and rapid rehousing and stabilization services. Activities covered under the ESG CV are as follows:

Shelter

- Hotel Voucher
- Other Supplies
- Mileage
- Shelter Care Boxes
- Housing Outreach Worker

Rapid Rehousing

- Rapid Rehousing Assistance
- Utility Assistance
- Deposit Assistance
- Housing Outreach Worker

EXHIBIT B

EXHIBIT B

REVISED SECTION III- TEXANA

III. BUDGET AND ALLOCATION OF COSTS

A. Agreement with Subrecipient shall be funded using FY 2020 ESG CV funds.

B. Budget

Line Item:

<u>Project Costs</u>	TEXANA ESG CV <u>Amount</u>	
Shelter		
Hotel Voucher	\$124,000.00	
Other Supplies	\$4,800.00	
Mileage	\$13,800.00	
Shelter Care Boxes	\$4,800.00	
Housing Outreach Worker	\$60,965.00	
Rapid Rehousing		
Rapid Rehousing Assistance	\$278,000.00	
Utility Assistance	\$25,000.00	
Deposit Assistance	\$5,000.00	
Housing Outreach Worker	\$60,965.00	
SUB TOTAL	\$577,330.00	
TOTAL PROGRAM BUDGET		\$577,330.00

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:
2021-707893

Date Filed:
01/20/2021

Date Acknowledged:
02/09/2021

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Texana Center
Rosenberg, 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 services, goods, or other property to be provided under the contract.
E-20-UW-48-0004
Emergency Solutions Grant COVID

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 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)