



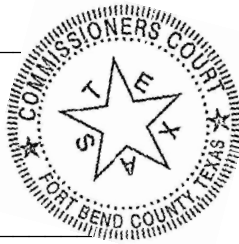
IN WITNESS WHEREOF, the parties put their hands to this Amendment on the dates indicated below.

**GRANTEE: FORT BEND COUNTY**



County Judge KP George

KP George, County Judge



3-9-2021

Date

ATTEST:



Laura Richard, County Clerk

REVIEWED BY COUNTY PROJECT MANAGER:



Carol Borrego, Director


Fort Bend County Community Development Department

APPROVED AS TO FORM:



Assistant County Attorney

**SUBRECIPIENT: FORT BEND COUNTY WOMEN'S CENTER**

By 

2021 / 03 / 02

Date

Vita Goodell, CEO

Printed Name, Title

ATTEST:



Signature

Phyllis Ganann

Printed Name, Title

# EXHIBIT A

## EXHIBIT A

### REVISED SECTION I A- FORT BEND COUNTY WOMEN'S CENTER CDBG AGREEMENT

#### I. SCOPE OF SERVICE

##### A. Activities

The Subrecipient will be responsible for administering a CDBG Program Year 2020 funded personnel positions in a manner satisfactory to the Grantee and consistent with any standards required as a condition of providing these funds. Such personnel positions will include salaries and fringe benefits

Activity #1     Adult Clients decrease the feelings of isolation

Activity #2     Adult Clients increase their awareness of safety options

Activity #3     Clients develop and implement a clear plan for moving towards self-sufficiency and report an increased awareness of community resources and options

Activity #4     Provide behavioral assessments of children who are shelter residents

##### Program Delivery

Subrecipient shall utilize its grant to provide the salaries, including fringe benefits for Personnel. Subrecipient offers emergency shelter and support services to survivors of domestic violence and sexual assault and their children. Subrecipient will utilize CDBG funding for staff positions at the agency's shelter. These staff positions are vital to maintain shelter operations. Subrecipient is responsible for ensuring compliance within Shelter Program Guidelines and Policy and Procedures. Subrecipient shall be responsible for the overall operation of the shelter and supervision of the staff. Subrecipient ensures counseling and sexual assault programs, services and team, as well as buildings/facilities, are in accordance with best practices, and agency or safety standards. Activities covered under the CDBG are as follows:

Personnel (Salaries and Fringe Benefits)

## General Administration

The Subrecipient, or its Representatives, shall be responsible for the administration of the shelter support services project with funding provided for salaries and benefits.

### B. National Objectives

The Subrecipient agrees to maintain documentation that demonstrates that the activities carried out with funds provided under this Agreement meet one or more of the CDBG program's national objectives - 1) benefit low/moderate income persons, 2) aid in the prevention or elimination of slums or blight, 3) meet community development needs having a particular urgency - as defined in 24 CFR Part 570.208.

### C. Levels of Accomplishment

<u>Activity</u>	<u>Number of Clients</u>
1. Counseling to survivors	20
2. Case management to survivors	20
3. Temporary shelter to survivors	20
4. Behavioral assessments of children	20

### D. Performance Monitoring

The Grantee will monitor the performance of the Subrecipient against of levels of accomplishments required herein. Substandard performance as determined by the Grantee will constitute non-compliance with this Agreement. If action to correct such substandard performance is not taken by the Subrecipient within a reasonable period of time after being notified by the Grantee, Agreement suspension or termination procedures will be initiated.

The Subrecipient shall assist the Grantee in measuring program impact to determine the extent to which the activities yield the desired outcomes in the community or in the lives of persons assisted. The Subrecipient shall assist the Grantee in selecting indicators that relate to the local goals established in the Consolidated Plan.

### E. Service Area

The Subrecipient will use the grant funds to pay for activities benefiting clients who live within the unincorporated areas of Fort Bend County, or within the incorporated limits of the following cities: Arcola, Beasley, Fairchilds, Fulshear, Kendleton, Meadows Place, Needville, Orchard, Pleak, Richmond, Rosenberg, Simonton, Stafford, Sugar Land and

Thompsons. The Subrecipient will not use the grant funds to pay for activities benefiting clients who live within the cities of Houston, Katy, Missouri City or Weston Lakes.

# EXHIBIT B

EXHIBIT B

REVISED SECTION III- FORT BEND COUNTY WOMEN'S CENTER CDBG  
AGREEMENT

III. BUDGET AND ALLOCATION OF COSTS

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

B. Budget

Line Item:

<u>Project Costs</u>	FBCWC CDBG <u>Amount</u>	
Personnel (Salaries and Fringe Benefits)	\$64,470.00	
<b>SUB TOTAL</b>	<b>\$64,470.00</b>	
<b>TOTAL PROGRAM BUDGET</b>		<b>\$64,470.00</b>



# 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.**

Fort Bend County Women's Center  
Richmond, TX United States

**Certificate Number:**  
2021-722138

**Date Filed:**  
03/02/2021

**Date Acknowledged:**  
03/09/2021

**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.**

B-20-UC-48-0004  
Fort Bend County Women's Center

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)