

ARLINGTON COUNTY, VIRGINIA

**AGREEMENT NO. 20-703-EP
AMENDMENT NUMBER 29**

This Amendment Number 29 is made on the date of execution by the County and amends Agreement Number 20-703-EP (“Main Agreement”) dated July 14, 2009 between Arlington Thrive (“Contractor”) and the County Board of Arlington County, Virginia (“County”).

The County and the Contractor agree to amend the main contract called for under the Main Agreement as follows:

Add the following Language to Paragraph 1. Contract Amount:

1. CONTRACT AMOUNT

The County is providing an additional \$250,000 in one-time funding, for the Carter-Jenkinson Housing Assistance Fund as reflected in the attached budget (Attachment A). The County will pay the Contractor in one lump sum upon execution of the amendment. All current contract reporting requirements apply; however, the Contractor must submit a separate report for this funding (Attachment B).

The Contractor must collect eligibility documentation, as listed below. Funding may be used for rent, mortgages, arrearages, utilities, and/or security deposits.

The Contractor must use the following forms, as applicable:

- Updated Services Application (Attachment C)
- Multiparty Release of Information Form;
- Last month’s bank statement;
- Last month’s paystubs;
- Front page of lease and signature page or Shelter Verification Form; and
- Picture ID of client requesting assistance.

Forms will be sent electronically as separate files.

To access the Housing Assistance Fund, households must meet the following eligibility criteria:

1. Must be referred by DHS’ Community Assistance Bureau or assisted directly through Arlington Thrive’s caseworker.

There is no maximum payment amount associated with these funds nor maximum number of times a household can receive assistance with these funds.

For services rendered by the Contractor and accepted by the Project Officer, the County shall pay the Contractor a total of up to \$2,348,495.23 for the contract period. The County shall not pay the Contractor any other sum under this Agreement.

Please see updated Attachments A, B, and C.

All other terms and conditions of the Main Agreement, as amended shall remain in full force and effect.

WITNESS THESE SIGNATURES:

THE COUNTY BOARD OF ARLINGTON
COUNTY, VIRGINIA

ARLINGTON THRIVE

DocuSigned by:
SIGNED: Lucas Alexander
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DocuSigned by:
SIGNED: Andrew Schneider
7541FA9F1BC4494...

PRINT NAME: Lucas Alexander

PRINT NAME: Andrew Schneider

TITLE: Procurement officer

TITLE: Executive Director

DATE: 12/9/2020

DATE: 12/9/2020

ATTACHEMENT A – FY21 REVISED BUDGET

Arlington Thrive - FY 2021 Budget		
	FTE	Total
Personnel:		
Total Personnel		\$ -
Non-Personnel:		
Emergency Financial Assistance (The Daily Fund)		\$140,767.00
Carter-Jenkinson Housing Assistance Fund		\$761,302.11
Emergency Lodging		\$43,176.60
Total Non-Personnel		\$945,245.71
Admin Cap Rate		10%
Admin Cap		\$77,249.52
Grand Total		\$1,022,495.23
Admin Cap		
Operations Manager	0.56	\$33,250.00
Executive Director	0.24	\$24,000.00
Program Assistant	0.50	\$20,000.00
Total	1.3	\$77,250.00

ATTACHEMENT B –TRACKING SHEET

FY 2021 Thrive Fund Balance			
Funds	Beginning Balance	Spent to Date	Ending Balance
CJ Funds	\$761,302.11	<i>\$0.00</i>	\$761,302.11
Daily Funds	\$140,767.00	<i>\$0.00</i>	\$140,767.00
Eviction Prevention Funds	\$1,012,500.00	<i>\$0.00</i>	\$1,012,500.00
Total	\$1,914,569.11	\$0.00	\$1,914,569.11

Household Name	Date Called CSC	DOB	Address	Zipcode	Phone Number	Amount Requested	Payment type	Current Housing Subsidy?	Notes	Amount Authorized	Social Worker	Application Date	Authorization Date	Funding Source	HH adults	HH children	Gender	Race	Ethnicity	Eviction Prevention?	90 Day Follow-Up	COVID Related	Mail Packet?	Check Cut Date	Lease in Name?
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Contractor must input weekly data directly in a shared document through ShareDrive.

ATTACHEMENT C – UPDATED SERVICES APPLICATION



ARLINGTON COUNTY • SERVICES APPLICATION
(PLEASE PRINT CLEARLY AND LEGIBLY)

Please complete ALL of the following: Today's date _____

Applicant's name _____

Address _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Have you served in any branch of the military? ___Y ___N Preferred Language: _____

LIST ALL HOUSEHOLD MEMBERS BELOW	SEX M/F	RACE	BIRTH DATE	RELATIONSHIP TO APPLICANT
1.				APPLICANT
2.				PARTNER
3.				
4.				
5.				
6.				
7.				

INCOME SOURCE	AMOUNT PER WEEK/MONTH	RECEIVED BY
Salary/Wages from work		
SSDI/SSI		
Unemployment		
Child Support		
TANF/General Relief		
Veteran or Pension benefits		
Other		
Other		
Total		

Impacts of COVID-19:

Please check the boxes that apply to you and your household:

- You were laid-off from your primary place of employment as a direct result of COVID-19.
- You had a reduction in income as a direct result of COVID-19.
- You are providing care for a family member or a member of your household who has been diagnosed with COVID-19.
- A child or other person in your household for which you have primary caregiving responsibility is unable to attend school or another facility that is closed as a direct result of COVID-19.
- You are unable to reach your place of employment (or commence employment) because of imposed quarantine or self-quarantine (at direction of health care provider) as a direct result of the COVID-19 public health emergency.
- You have become the breadwinner or major support for a household as a direct result of COVID-19.
- You had to quit your job as a direct result of COVID-19.
- Your place of employment is closed as a direct result of COVID-19.
- No COVID-19 related impact.

Services I am applying for are: _____.

I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds, which may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by state or federal personnel as part of compliance monitoring.

Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, (42 U.S.C. 5121–5207)

(Stafford Act):

Recipient agrees that if they receive further federal benefits for the same services received under this ERUC-CV program, the recipient will report receiving benefits within one (1) month of receipt of additional proceeds and/or benefits. If recipient fails to report additional federal benefits, then the Arlington County may require immediate repayment in full of the entire grant amount provided by Arlington County.

Applicant's signature: _____ Date: _____

Witness or Interpreter: _____ Date: _____