

STATE OF TEXAS §

COUNTY OF BEXAR §

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FIRST AMENDMENT TO

INTERLOCAL GRANT AGREEMENT FOR

THE DISTRIBUTION OF FUNDS

FOR RENTAL ASSISTANCE

THIS FIRST AMENDMENT TO THE INTERLOCAL GRANT AGREEMENT FOR THE DISTRIBUTION OF FUNDS FOR RENTAL ASSISTANCE (hereinafter referred to as the “First Amendment”) is made and entered by and between the **COUNTY OF BEXAR**, a political subdivision of the State of Texas (“County”), and the **CITY OF SAN ANTONIO, TEXAS**, a Texas Home Rule Municipality (“City”) Data Universal Number System (DUNS) number 0664284000000 (also, individually, a “Party” or, collectively, the “Parties), pursuant to the authority granted by the provisions of the Interlocal Cooperation Act, Chapter 791 of the Texas Government Code.

RECITALS

WHEREAS, the Agreement to have the City to distribute rental assistance funds to eligible County residents (“Services”) was approved by San Antonio City Council and by the Bexar County Commissioners Court on June 16, 2021, attached as **Exhibit “E”**;

WHEREAS, the County now wishes to add an additional \$4,400,000 of funding to the Agreement, for a total funding amount of \$9,900,000.

NOW THEREFORE, for and in consideration of the mutual promises contained herein, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

ARTICLE 2

AGREEMENT MODIFICATION

2.01 Section 2.04 of the Agreement. Section 2.04 of the Agreement is deleted and the following is inserted in its place:

“20.04 Following is additional information for pass-through entities pursuant to 2 CFR 200.332:

- a) Federal Award Identification Number: ERA-2101112335
b) Federal Award Date: January 12, 2021
c) Name of Federal Awarding Agency: Department of the Treasury
d) Total Amount of Federal Funds Obligated to CITY by COUNTY including the current financial obligation: \$ 9,900,000.00.
e) CFDA Number: 21.023”

2.02 Sections 4.01 and 4.02 of the Agreement. Sections 4.01 and 4.02 of the Agreement are deleted and the following are inserted in its place:

“4.01 For actual and eligible Rental Assistance and Administrative Costs (as defined below), COUNTY will reimburse CITY an amount not to exceed **NINE MILLION, NINE**

HUNDRED THOUSAND DOLLARS AND NO CENTS (\$9,900,000).

4.02 COUNTY will reimburse administrative costs allowed under Treasury guidelines (“Administrative Costs”). Pursuant to Treasury guidelines, Administrative Costs can include costs attributable to providing financial assistance and housing stability services, including data collection and reporting requirements related to such funds. Treasury Funds provided by the COUNTY shall reimburse CITY only for those costs and expenses directly related to the CITY’s provision of the services described in **Exhibit “A”**. Administrative Costs may not exceed ten percent of the amount of Rental Assistance distributed, an amount not to exceed **NINE HUNDRED THOUSAND DOLLARS (\$900,000).**”

2.03 Section 5.01 of the Agreement. Section 5.01 of the Agreement is deleted and the following is inserted in its place:

“5.01 CITY shall submit to the COUNTY’s Economic and Community Development Department (“Department”) a monthly invoice package of incurred costs. For purposes of this Agreement, a cost is “incurred” when CITY has expended funds to cover the cost. The invoice package must be submitted, month after month, by the 5th of the following month, until funding has been exhausted. The invoice package should include in the form incorporated into this Agreement as **Exhibit “F”**: (1) an Expenditure Report itemizing Rental Assistance and Administrative Costs; (2) Participating Household Payment Data; (3) Demographic Information; (4) Zip Code Report; (5) Quarterly Report; and (6) ECD Invoice Cover Sheet.

The invoice package should be submitted to:

By mail: Bexar County Economic and Community Development
ATTN: Jo Anne Estrada
233 N. Pecos St., Suite 320
San Antonio, Texas 78207

Upon reasonable notice, CITY shall make the documentation supporting its invoices available to COUNTY for inspection or audit.”

2.04 Exhibit “E” of the Agreement. Exhibit “E”, a copy of which is attached to this First Amendment, is made a part of the Agreement.

2.05 Exhibit “F” of the Agreement. Exhibit “F”, a copy of which is attached to this First Amendment, is made a part of the Agreement.

2.06 The effective date of this First Amendment is October 1, 2021.

ARTICLE 3
OTHER TERMS AND CONDITIONS

3.1 The Recitals contained on page 1 of this First Amendment are hereby incorporated by

reference as if fully set forth herein. All capitalized terms used but not otherwise defined herein shall have the meanings ascribed to such terms in the Agreement.

3.2 Except as modified by this amendment, all other terms and conditions of the Agreement will remain unchanged and in full force and effect.

IN WITNESS WHEREOF, this Agreement is executed on this _____ day of _____, 2021.

COUNTY OF BEXAR:

CITY OF SAN ANTONIO:

By: _____
Nelson W. Wolff
County Judge

By: _____
Verónica R. Soto, FAICP
Director,
Neighborhood and Housing Services
Department

APPROVED AS TO LEGAL FORM:

APPROVED AS TO LEGAL FORM:

By: _____
Sue Jana

Assistant Criminal District Attorney
Civil Division

By: _____

Assistant City Attorney

APPROVED AS TO FINANCIAL CONTENT:

By: _____
Leo S. Caldera, CIA, CGAP
County Auditor

By: _____
David Smith
County Manager

APPROVED:

By: _____
David Marquez
Executive Director of Economic
and Community Development

**Exhibit “E”
Original Agreement**

Exhibit “F”

EXPENDITURE REPORT

AGENCY NAME: City of San Antonio Invoice No: _____

PROJECT NAME: _____

ADDRESS: 106 S. St. Mary's, 7th Floor, San Antonio, TX 78205

PERIOD COVERED: _____

Certified Correct: _____ County Approval: _____

Title: _____ Date: _____

Zip Code Report

[illegible]

Grand Total		

Demographic Information

Please provide the following disaggregated demographic information for the data element below. For any data fields that do not apply, please enter '0'.

Number of unique households that completed and submitted an application for ERA assistance:

	Disaggregated Categories	#
Race	American Indian or Alaska	
	Asian	
	Black or African American	
	Native Hawaiian or Other	
	White	
	Mixed-Race	
	Declined to Answer	

	Data not Collected	
Ethnicity	Hispanic or Latino	
	Not Hispanic or Latino	
	Declined to Answer	
	Data Not Collected	
Gender	Male	
	Female	
	Non-Binary	
	Declined to Answer	
	Data Not Collected	

Participant Household Payment Data

Address Line	Record the first line of physical address for the Participant Household receiving assistance. *P.O. Boxes cannot be accepted
City Name	Name of the city in which the Payee address is located.
State Code	Report the United States Postal Service (USPS) two-letter abbreviation for the state or territory in which the address of the tenant receiving assistance is located. Valid Responses: (AL, AK, AS, AZ, AR, CA, CO, CT, DE, DC, FM, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MH, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, MP, OH, OK, OR, PW, PA, PR, RI, SC, SD, TN, TX, UT, VT, VI, VA, WA, WV, WI, WY)
Zip5	Report the United States ZIP code (five digits) concatenated with the additional +4 digits associated with the physical address of the tenant receiving assistance. Format XXXXX, 5 numeric characters.
Payee Type	Here you will identify the type of entity/individual who was paid the ERA assistance. Please copy and paste ONE of the following choices as appropriate: <ul style="list-style-type: none"> - Tenant - Landlord or Owner - Utility / Home Energy Service Provider - Other Housing Services and Eligible Expenses Provider

Amount of Payment	Report the total amount dispersed to the Payee (entity or individual). DO NOT INCLUDE \$ sign when entering amount.
Date of Payment	Report the date which payment was processed to Payee (entity or individual). Format MM/DD/YYYY
Type of Assistance Covered by the payment	<p>Here you will identify the predominant type of ERA assistance covered by the payment to Payee (entity or individual). Please enter copy and paste ONE of the following choices as appropriate:</p> <ul style="list-style-type: none"> - Financial Assistance: Rent; - Financial Assistance: Rental Arrears; - Financial Assistance: Utility/Home Energy Costs; - Financial Assistance: Utility/Home Energy Costs Arrears; - Financial Assistance: Other Housing Costs Incurred due to Covid-19;
Start Date Covered by the Payment	Report the start date indicating the time period covered by the assistance. Format MM/DD/YYYY

ECD Invoice Cover Sheet

	Invoice Date:	
	Invoice Number:	
<p>Community Impact Division</p> <p>City of San Antonio Neighborhood & Housing Services Department</p> <p><u>Monthly Invoice for Emergency Rental Assistance (Administrative Cost)</u></p> <p><u>Information above has been verified and Household Report attached for review.</u></p> <p>Prepared by:</p> <p>Approved by: City of San Antonio Representative Date</p>		

Community Impact Representative	Date
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Invoice Date:	
Invoice Number:	

Community Impact Division

City of San Antonio
Neighborhood & Housing Services Department

Monthly Invoice for Emergency Rental Assistance (COSA-ERA II)

Information above has been verified and Household Report attached for review.

Prepared by:

Approved by:

City of San Antonio Representative

Date

Community Impact Representative	Date
Invoice Date:	
Invoice Number:	
<div>Community Impact Division</div> <div>City of San Antonio Neighborhood & Housing Services Department</div> <div><u>Monthly Invoice for Emergency Rental Assistance (COSA-ERA I)</u></div> <div><u>Information above has been verified and Household Report attached for review.</u></div>	

Prepared by:		
Approved by:	City of San Antonio Representative	Date
	Community Impact Representative	Date

Quarterly report

San Antonio, Texas - QX Month Year- Month Year

	Month Year- Month Year	
HOUSEHOLDS ASSISTED		
	Number of unique households that completed and submitted an application for ERA assistance	
	Total number of unique households that received assistance of any kind under the ERA program	
	Number of unique households that received ERA assistance of any kind for the first time	
ERA ASSISTANCE PROVIDED		
	Number of unique households that received ERA assistance by type	
a	Rent	
b	Rental arrears	
c	Utilities/home energy bills	
d	Utilities/home energy cost arrears	
e	Other expenses related to housing	
f	Housing stability services	
PROTECTING VULNERABLE COMMUNITIES		
Number of unique households at certain income levels:		
less than 30% of the Area Median Income		
Between 30% and 50% of the Area Median Income		

Between 50% and 80% of the Area Median Income	
Total number of households that were deemed categorically eligible to receive ERA assistance based on prior enrollment in other income-based federal benefit programs	
Total number of recipient households whose income eligibility was determined with a fact-based proxy	
Total amount of ERA award paid to or for participating households	
Average Number of Months of Rent or <u>Utility/Home Energy Payments</u> Covered for Each Participant Household	
TOTAL OBLIGATIONS AND EXPENDITURES	
Total Dollar Amount of ERA Award Funds Approved (Obligated) to or for Participant Households	
Total Dollar Amount of ERA Award Funds Paid (Expended) for Administrative Expenses	
Total Dollar Amount of ERA Award Funds Paid (Expended) for Housing Stability Services	
Total Dollar Amount of ERA Award Funds Approved (Obligated) for Housing Stability Services	