Exhibit 3

AMENDMENT #0001   Contract #JP003

Effective August 1, 2020 this amends the above referenced **Contract as follows:**

1. In 1.1 the amount $1,241,640.34 is replaced by $2,411,640.34.

2. In 1.1.2.4., The name, address, telephone number and email address of the of the Contract Manager for the Department is replaced by:

    Name: Colleen Kelly-Statler

    Address: 111 South Sapodilla Avenue, 317-O

    City: West Palm Beach State: FL Zip Code: 33401

    Phone: 561-227-6783   Ext.:   Email: colleen.kellystatler@myflfamilies.com

3. B-1. is amended to add:

    B-1.5.   **Emergency Solutions Grant - CV (ESG-CV) –** Pursuant to 24 CFR Part 576, provide services and payment, as applicable and allowable, to prevent, prepare for, and respond to coronavirus, among individuals and families who are homeless or receiving homeless assistance and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts created by coronavirus. ESG-CV has the same applicability throughout the contract as ESG unless otherwise stated within this Contract, or addressed through guidance from HUD or the State Office on Homelessness.
    This section is [X] Applicable.
    This section is [ ] Not Applicable.

4. In Sections C3-1.1.1. and C3-1.2.1., the sentence "**ESG-CV funds are not subject to this spending cap.**" is added.

5. D-2.3. is amended to add:

    D-2.3.5.   **ESG-CV Emergency Shelter Activities –** The ESG-CV Emergency Shelter Projects will serve a minimum of 67 individuals each month.

Fiscal Year	FY19-20	FY20-21	FY21-22
Total Individuals served per month	N/A	67	N/A

    D-2.3.6.   **ESG-CV Street Outreach Activities –** The ESG-CV Street Outreach Projects will serve a minimum of 42 individuals each month.

Fiscal Year	FY19-20	FY20-21	FY21-22
Total Individuals served per month	N/A	42	N/A

    D-2.3.7.   **ESG-CV Homelessness Prevention Activities –** The ESG-CV Homelessness Prevention Projects will serve a minimum of N/A individuals each month.

Fiscal Year	FY19-20	FY20-21	FY21-22
Total Individuals served per month	N/A	N/A	N/A

    D-2.3.8.   **ESG-CV Rapid Re-Housing Activities –** The ESG-CV Rapid Re-Housing Projects will serve a minimum of 5 individuals each month.

Fiscal Year	FY19-20	FY20-21	FY21-22

Total Individuals served per month	N/A	5	N/A

6. D-3.3. is amended to add:

D-3.3.5. **ESG-CV Emergency Shelter Activities –** The ESG-CV Emergency Shelter Projects will serve, at a minimum, the following number of individuals each fiscal year.

Fiscal Year	FY19-20	FY20-21	FY21-22
Total Individuals served per fiscal year	N/A	794	N/A

D-3.3.6. **ESG-CV Street Outreach Activities –** The ESG-CV Street Outreach Projects will serve, at a minimum, the following number of individuals each fiscal year.

Fiscal Year	FY19-20	FY20-21	FY21-22
Total Individuals served per fiscal year	N/A	500	N/A

D-3.3.7. **ESG-CV Homelessness Prevention Activities –** The ESG-CV Homelessness Prevention Projects will serve, at a minimum, the following number of individuals each fiscal year.

Fiscal Year	FY19-20	FY20-21	FY21-22
Total Individuals served per fiscal year	N/A	N/A	N/A

D-3.3.8. **ESG-CV Rapid Re-Housing Activities –** The ESG-CV Rapid Re-housing Projects will serve, at a minimum, the following number of individuals each fiscal year.

Fiscal Year	FY19-20	FY20-21	FY21-22
Total Individuals served per fiscal year	N/A	50	N/A

7. The attached **ATTACHMENT D5 – EMERGENCY SOLUTIONS GRANT-CV MONTHLY STATUS REPORT** is added.

8. In F-1.2.1 the phrase "eight percent (8%) of the total grant award" is replaced with "percentage outlined in Section 420.622(4)(d), F.S."

9. In F-2.1 the amount $1,241,640.34 is replaced by $2,411,640.34.

10. The highlighted portion of the below table, amends Section F-2. The non-highlighted parts are for illustrative purposes only, and the original contract, as previously amended, if applicable, remains the official text of the non-highlighted parts.

FISCAL YEAR	ANNUAL FUNDING
2019-2020	$401,316.64
2020-2021	$1,590,161.85
2021-2022	$420,161.85
Total	$2,411,640.34

11. fF-2.1. is amended to add:

F-2.1.6. **Emergency Solutions Grant - CV (ESG-CV) –** The Department agrees to reimburse for allowable costs OR pay for the service units at the prices and limits listed below for ESG-CV Activities:

FISCAL YEAR	UNIT OF SERVICE	UNITS	RATE	FISCAL YEAR TOTAL
2019-2020	One Month of Eligible ESG-CV Activities	N/A	N/A	N/A
2020-2021	One Month of Eligible ESG-CV Activities	11		$1,170,000.00
2021-2022	One Month of Eligible ESG-CV Activities	N/A	N/A	N/A
Total				$1,170,000.00

12. F-4.5.3. is amended to add "**A match is not required for funds received under ESG-CV.**"

13. The attached **ATTACHMENT F5 – EMERGENCY SOLUTIONS GRANT-CV INVOICE** is added.

14. The attached **ATTACHMENT F5.1 – EMERGENCY SOLUTIONS GRANT-CV ROLL-UP REPORT** is added.

15. All provisions in the Contract and any attachments thereto in conflict with this Amendment are changed to conform with this Amendment. All provisions not in conflict with this Amendment are still in effect and are to be performed at the level specified in the Contract. This Amendment and all its attachments are made a part of the Contract.

IN WITNESS THEREOF, the parties cause this amendment to be executed by their duly authorized officials.

PROVIDER: DEPARTMENT:

SIGNED BY: _____   SIGNED BY: _____

NAME: _____   NAME: _____Taylor Hatch_____

TITLE: _____   TITLE: __Assistant Secretary for Economic Self-Sufficiency__

DATE: _____   DATE: _____

ATTACHMENT D5 – EMERGENCY SOLUTIONS GRANT-CV MONTHLY STATUS REPORT

dropdown	**Provider Name**	**Monthly Status Report**	
prepopulate	**Contract #**	dropdown	**Month of Services**
ATTESTATION: By completing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purpose and objectives set forth in the terms and conditions of the Award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statement, false claims, or otherwise. Additionally, I certify that all invoices supporting this report have been submitted to the Department in accordance with this agreement.			
Name & Title of Agency Official		Date	

Emergency Solutions Grant-CV Deliverables (minimum monthly deliverable for activity)	**Street Outreach #**	**Emergency Shelter #**	**Prevention #**	**Rapid Rehousing #**
Total Individuals Served by Activity (Monthly)				
Total Individuals Served by Activity (Year to Date)				

Emergency Solutions Grant-CV Output Measures	**Street Outreach**	**Emergency Shelter**	**Prevention**	**Rapid Rehousing**
New Individuals Served this Month				
Individuals with Increased Income (benefits)				
Individuals with Increased Income (employment)				
Individuals Connected to Housing Case Management				
Individuals Permanently Housed			■	
Average Financial Assistance Provided	■		$ -	$ -

Remaining Stably Housed	**3 months**	**6 months**	**9 months**	**12 months**
Total Individuals Housed by Emergency Solutions Grant-CV Funding				
Individuals Remaining Stably Housed by Emergency Solutions Grant-CV Funding				
Percentage Remaining Housed by Emergency Solutions Grant-CV Funding	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

ATTACHMENT F5 – EMERGENCY SOLUTIONS GRANT-CV INVOICE

EMERGENCY SOLUTIONS GRANT-CV				**FEID #**		Prepopulate
Contract #	Prepopulate		**Provider Name**	Dropdown		
Invoice #	Prepopulate					
Invoice Period	Dropdown		**Address**	Prepopulate		

For Use by Provider							
Org Code	**Description**	**Deliver-able**	**Served this Month**	**Approved Budget**	**Payment Amount**	**Previous Payment(s) Total**	**Balance After This Payment**
60303025209	Street Outreach			$ -	$ -	$ -	$ -
60303029209	Emergency Shelter			$ -	$ -	$ -	$ -
60303024209	Prevention			$ -	$ -	$ -	$ -
60303021209	Rapid Rehousing			$ -	$ -	$ -	$ -
60303023209	HMIS			$ -	$ -	$ -	$ -
60303022209	Admin			$ -	$ -	$ -	$ -
	Total			$ -	$ -	$ -	$ -

By signing this invoice, I certify to the best of my knowledge and belief that the invoice is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal or State Award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims, or otherwise. Additionally, I certify that all reports supporting this invoice have been submitted to the Department in accordance with this agreement.

Signature of Provider Official	Date	Title of Provider Official

For Use by Contract Manager Only				
Deliverables Met (if no, see delayed payment per contract section F-5.2)	Amount of Delayed Payment (for Unmet Service Deliverables)	$ -	Date of Invoice Received	
Yes / No	Recoupment of Delayed Payment (Previous Unmet Service Deliverables Achieved)	$ -	Date Goods/Services Received	
Will a Financial Consequence be applied?	Amount of Financial Consequence (Admin)	$ -	Date Goods Inspected and Approved	
Yes / No	Total Payment Amount	$ -	Date Invoice Approved	
Org Code	see payment detail above		Contract Manager Name	
OCA ESGCV	**Object** 780000		Contract Manager Signature	
EO CV	**Category** 105153			

ATTACHMENT F5.1 – EMERGENCY SOLUTIONS GRANT-CV ROLL-UP REPORT

Provider Name	dropdown
Contract Number	prepopulate
Month of Services	dropdown

Street Outreach

	Date Service Provided	HMIS Number (Client ID)	Service Provided	Vendor	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
				Total	$

Emergency Shelter

	Date Service Provided	HMIS Number (Client ID)	Service Provided	Vendor	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

				Total	$

Homelessness Prevention

	Date Service Provided	HMIS Number (Client ID)	Service Provided	Vendor	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
				Total	$

Rapid Rehousing

	Date Service Provided	HMIS Number (Client ID)	Service Provided	Vendor	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
				Total	$

Homeless Management Information System

Date Service Provided	Service Provided	Vendor	Amount

1	
2	
3	
4	
5	
	Total	$

Administrative Costs

Total (5%)	$

TOTAL AMOUNT SUBMITTED FOR PAYMENT

Total	$