

**BUDGET REVISION
SUBGRANTEE AGREEMENT – EMERGENCY SOLUTIONS GRANT**

Pursuant to the Subgrantee Agreement executed APRIL 1, 2021 by and between THE CENTER FOR PREVENTION OF ABUSE (“SUBGRANTEE”), AND THE CITY OF PEORIA, ILLINOIS, an Illinois unit of local government (“City”) for the Emergency Solutions Grant (ESG) funds the proceeds of which are to be used to provide emergency shelter operation costs for The Center for Prevention of Abuse under the City ESG funds (“Project”), this Budget Revision is for additional ESG-CV Project funds.

1. GENERAL CONDITIONS.

This Budget Revision and the Project shall be subject to the applicable terms and conditions of the Emergency Solutions Grant under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 [Docket No. FR-5474-I-01].

The City is a recipient of funds from the United States Department of Housing and Urban Development (“HUD”) under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (“HEARTH Act”), as administrator of the Emergency Solutions Grant (“ESG”) having the Catalog of Federal Domestic Assistance number 14.231, pursuant to which HUD has agreed to make a grant to the City under Federal Award Identification Number E-20-MW-17-0018, dated June 17, 2020 the proceeds of which are to be used to provide **Emergency Shelter** (as hereinafter defined) under the City ESG funds (“Project”);

The project was originally approved by City Council on March 9, 2021 under item #21-057. This Budget Revision reflects additional ESG-CV funds to this funding is to prevent, prepare for or respond to COVID-19. The City of Peoria declared a local emergency due to COVID-19 beginning March 18, 2020.

This Budget Revision does not alter the Duration of the Subgrantee Agreement which commenced on April 1, 2021 and will conclude on March 31, 2021.

All other terms, conditions, assurances, certifications and requirements included in the Subgrantee Agreement are not altered by this Budget Revision.

2. TERMS AND CONDITIONS OF THE BUDGET REVISION FOR THE PROJECT.

The Project shall be subject to the following terms and conditions of this Budget Revision:

- i. Project Cost. The overall Project Cost shall increase by the amount of \$2,800.00 in a new line item of Vaccine Incentives. The revised total Project Cost of be in the amount of Seventeen Thousand Eight Hundred Dollars (\$17,800.00) shall be paid directly to the Subgrantee during the Project in the amounts specified below:

COST CATEGORY DESCRIPTION	BUDGET AMOUNT
Shelter Operations – Food/Meals	\$15,000.00
Vaccine Incentives	\$2,800.00
TOTAL	\$17,800.00

- b. Cost Category Definitions. The definitions listed below will help to identify allowable costs for each of the Cost Categories. Any costs not specifically named below should be verified to be allowable by the City prior to incurring the cost.

COST CATEGORY	DEFINITIONS
Emergency Shelter Operations – Food/Meals	<ul style="list-style-type: none"> • Food or Meals for eligible shelter residents due to increased food costs and individual meals needed to prevent the spread of COVID-19.
Vaccine Incentives	<ul style="list-style-type: none"> • Payment of \$50 per eligible person per dose. Payment must be cash or unrestricted gift card. Fees for unrestricted gift cards are eligible expenses.

- c. **Budget Revisions/Amendments.** The Subgrantee shall not obligate, encumber, spend or otherwise utilize ESG funds for any activity or purpose not included or not in conformance with the budget as apportioned and as submitted to the City unless:
- i. The Subgrantee has received explicit written approval from the City to undertake such actions, or
 - ii. Budget changes may be among approved project activities and among approved budget categories so long as the specific project activity has been approved, there is no change to the total grant amount, and the changes to the budget are documented.
- d. **Payment/Program Procedure.** The City shall maintain possession of the Project funds during the Duration of the Agreement and until approval to make disbursement is given by the City.
- i. Subgrantee will submit a Request for Reimbursement to the City to receive Project funds as awarded. Subgrantee agrees to provide any supporting documentation requested by the City in order to process the reimbursement.
- e. **Changes in Project.** This Budget Revision shall not be altered or amended except in writing signed by the parties hereto.
- f. **Eligibility.** Per ESG-CV Notice CPD-21-08, participants for the vaccine incentives must meet HUD eligibility as a person experiencing homelessness, be eligible for a vaccine under CDC regulations, and must obtain the vaccine after the execution of this amendment. Subrecipient must have written policies and procedures for the program and must submit required documentation to the City upon request.

[SIGNATURES ON NEXT PAGE]

IN WITNESS THEREOF, I have hereunto set my hand and seal this 8 day of November, 2021.

Carol Merna

THE CENTER FOR PREVENTION OF ABUSE

THE CENTER FOR PREVENTION OF ABUSE

STATE OF ILLINOIS,)
) SS
COUNTY OF Peoria)



I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Carol Merna, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed, and delivered the said instrument as a free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

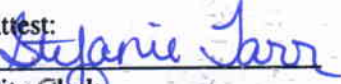
GIVEN under my hand and notarial seal, this 8 day of November 2021.

Kevin Nowlan

Notary Public

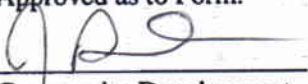
CITY OF PEORIA, an Illinois Municipal corporation,

By: 
City Manager

Attest: 
City Clerk

Approved as to Content:

Legal Department

Approved as to Form:

Community Development

**Peoria Emergency Shelter
COVID-19 Vaccination Incentive Protocol**

Background

Home for All Continuum of Care (CoC) and CFPA are committed to protecting clients and staff from COVID-19. In order to support vaccination efforts for individuals and families experiencing homelessness who reside at the CFPA Peoria emergency shelter, the CoC is electing to utilize funding through the City of Peoria Emergency Solutions Grant to support vaccination through financial incentives.

Who is Eligible

Individuals **currently** residing at the CFPA Peoria emergency shelter are eligible for a \$50 per dose incentive to receive any COVID-19 vaccination. This includes both the single and multi-dose vaccines, along with booster doses for eligible populations. Adults and vaccine-eligible children are able to receive the incentive. It is important to note that once an individual leaves the CFPA Peoria emergency shelter they are no longer eligible for the incentive. For example, a client who is residing at the CFPA Peoria emergency shelter during the first dose can receive the incentive. However, if the client exits the CFPA Peoria emergency shelter prior to receiving the second dose, then the client is not eligible for the second \$50 incentive.

Process for Receiving Vaccination Incentive – Peoria Shelter Protocol

1. Client arrives at the CFPA Peoria emergency shelter
2. CFPA staff completes the COVID screening with incoming resident: “Covid Screening GUEST”
3. Question 3 of the COVID screening tool asks: “Have you been vaccinated against COVID-19 ...”
 - a. If the incoming resident answers:
 - i. “No I have not been vaccinated”
 - ii. “Yes, but I still need my second dose”
 - iii. “Yes, but I need a booster”
4. Staff will inform the incoming resident and applicable family members that they can receive a \$50 VISA gift card for each COVID vaccination they receive while they are residing at the CFPA Peoria emergency shelter
5. If incoming resident and applicable family members are interested in receiving the \$50 VISA gift card(s):
 - a. Staff will assist the resident to find location to schedule/walk-in to receive COVID-19 vaccine:
 - i. [Pharmacies](#)
 - ii. [Clinics and Health Care Providers](#)
6. Staff will inform shelter resident that once they receive vaccine (1st, 2nd, booster dose) they will need to turn in proof of vaccination to staff to receive the \$50 VISA gift card

7. Staff will make a copy of the proof of vaccination and complete a Request For Payment - Vaccine (RFP) – Attachment A
8. Staff will submit copy of proof of vaccination and RFP to shelter supervisor/director for approval
9. Completed RFP and copy of proof of vaccination will be submitted to accounting to receive \$50 VISA gift card
10. Accounting will give \$50 VISA gift card to staff who submitted RFP – \$50 VISA gift card must be given to staff in-person
11. Staff and client will sign Vaccination Incentive Proof of Receipt - Attachment B, for each \$50 VISA gift card given to client
12. Vaccination Incentive Proof of Receipt form will be placed in client(s) file

Process for Requesting Reimbursement for Vaccination Incentive – CFPA Accounting Protocol

1. CFPA accounting will submit the following back up documentation to City of Peoria on a monthly basis
 - a. Copy of RFP for each \$50 VISA gift card provided to shelter resident(s)
 - b. Copy of \$50 VISA gift card receipt for each gift card provided to shelter resident(s)
 - c. **Redacted** Proof of Vaccination for each \$50 VISA gift card provided to shelter resident(s)
 - i. Proof of vaccination must include the date of vaccination for which \$50 VISA gift card was given

**center for
prevention
of abuse.**

Request for Payment – Vaccine

One request submitted per Peoria shelter resident – If family, must submit individual RFP's

MUST ATTACH PROOF OF VACCINATION

Client ID: _____

Requested By: _____

Date: _____

Gift Card Request

Type: **VISA Gift Card**

Estimated Cost: **\$56.00**

Grant Charged: **City of Peoria ESG COVID Round 2**

Reason for Request:

Vaccine incentive for current Peoria shelter resident to receive 1st, 2nd, or booster dose of COVID-19 vaccine

By signing below, I attest that individual receiving vaccination incentive is currently residing at CFPA Peoria emergency shelter.

Staff Signature

Date

Authorized Signature

Date

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Vaccination Incentive Proof of Receipt

Client ID: _____

Date: _____

Resident Name: _____

By signing below, I confirm that:

1. I am residing at the Center for Prevention of Abuse emergency shelter
2. I have been given a VISA gift card because I received a 1st, 2nd, or booster dose of the COVID-19 vaccine

Resident Signature (parent signature if minor)

Date

CFPA Staff Signature

Date