K23-380

FIRST AMENDMENT TO SUBRECIPIENT AGREEMENT

BY AND BETWEEN

CITY OF NEW ORLEANS

AND

START CORPORATION, INC.

FOR

CDBG CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY (CARES) ACT

FOR

LOW BARRIER SHELTER (SHELTER OPERATIONS)

CD-CV08(21) / UEI # XVN8RDTTL8Z4

THIS FIRST AMENDMENT (the "**Amendment**") is made and entered into by and between the City of New Orleans, represented by LaToya Cantrell, Mayor (the "**City**"), and Start Corporation, represented by Casey Guidry, its Executive Director (the "**Subrecipient**") to accomplish the Community Development Block Grant Coronavirus Aid Relief, and Economic Security (CARES) Act (CV) project entitled, "CDBG-CV, City's Low Barrier Shelter Program," Project Number CD-CV07(21) The City and the Subrecipient are sometimes each referred to as a "**Party**," and collectively, as the "**Parties**." The Amendment shall be effective January 1, 2023 (the "**Effective Date**").

RECITALS

WHEREAS, on June 17, 2022, the City and the Subrecipient entered into a subrecipient agreement to provide intake to low barrier shelter's 3rd floor to 250 homeless women and men 18 years and older in a clean, sanitized, socially distanced arrangements in compliance with preventing, preparing for and responding to the coronavirus (COVID-19) pandemic (the "**Agreement**");

WHEREAS, the City and the Subrecipient, each having the authority to do so, now desire to extend the duration of this Amendment;

NOW, THEREFORE, the City and the Subrecipient, for the considerations and under the conditions set forth do hereby agree as follows:

ARTICLE I – AMENDED OBLIGATIONS

A. The following sections of the Agreement are amended:
   1. ARTICLE I(A)(2) is amended as follows: The Subrecipient agrees to provide the services and activities specified in the **"Contract Analysis Document and Project Description and Budget Forms for CDBG Public Service Projects,"** designated as *Attachment I, Amended: December 1, 2022* and which is attached hereto and made part of this Agreement.

2. ARTICLE III (A) is amended as follows: ***Grant Amount.*** The city agrees to amend the attached **"Budget & Cost Control Statement,"** designated as *Attachment IV, Amended: December 1, 2022,* which are attached hereto and made part of this Agreement.
3. ARTICLE IV (A) is amended as follows: ***Term.*** The term of this Agreement shall be from the Effective Date through December 31, 2023.
4. ARTICLE VI (A) is amended as follows: ***Monthly Reporting Requirement.*** The Subrecipient agrees to provide OCD Neighborhood Services & Facilities, 1340 Poydras Street, 10th floor, New Orleans, LA 70112 by the 10th working day of each month one copy of the information described and requested in the "**Monthly Reporting Requirements**" form, designated as *Attachment VI, Amended: December 1,* 2022, which is attached hereto and made part of this Agreement.
5. Article XI (B) is amended as follows: ***Program Income Reporting***. All program income shall be reported to the City on a monthly basis. Funds considered program income shall be reported on the "**Program Income Form,**" as may be amended, designated as *Attachment XII, Amended: December 1, 2022*, which is attached hereto and made part of this Agreement. The completed form shall be provided to OCD Neighborhood Services & Facilities 1340 Poydras Street, 10th Floor, New Orleans, Louisiana on the tenth working day of each month. Should the Subrecipient not obtain any program income funds, the form must be signed and submitted on the tenth working day of the month indicating no funds were obtained. The report shall indicate the total amount of funds collected for the month and the City's portion to date.
6. ARTICLE XXVI (A) is amended as follows. ***Attachments.*** The following documents superseded by updated versions, dated December 1, 2022. The updated versions are incorporated into this Amendment:

   a. Contract Analysis Document and Project Description and Reporting Document (CAD) for CDBG Public Service Projects, *Attachment I*,

   b. Budget & Cost Control Statement, *Attachment IV*,

   c. Monthly Reporting Requirements, *Attachment VI*, and

   d. Program Income Form, *Attachment XII.*

ARTICLE II -ADDITIONAL PROVISIONS

A. Living Wages. The text of Article XIX, Sections 3 and 4, are deleted in their entirety and replaced with:

1. ***Living Wage.*** In accordance with the Living Wage Ordinance, Living Wage shall be as follows:
   a. $15.00 per hour for any work performed on or before December 31, 2023; and
   b. $15.00 per hour plus any adjustment provided in subsection D below for any work performed during calendar year 2024 or thereafter.

2. ***Adjusted Living Wage.*** In accordance with Section 70-806(2) of the City Code, the Living Wage shall be annually adjusted for inflation, as defined by the Consumer Price Index calculated by the U.S. Bureau of Labor Statistics as applied to the South Region, except that in no instance shall the Living Wage be adjusted downward. The first adjustment shall become effective on January 1, 2024 using the Consumer Price Index figures provided for the preceding year, and thereafter on an annual basis.

B. ***Convicted Felon Statement.*** The Contractor swears that it complies with City Code § 2-8(c). No Contractor principal, member, or officer has, within the preceding five years, been convicted of, or pled guilty to, a felony under state or federal statutes for embezzlement, theft of public funds, bribery, or falsification or destruction of public records.

C. ***Non-Solicitation Statement***. The Contractor swears that it has not employed or retained any company or person, other than a bona fide employee working solely for it, to solicit or secure this Amendment. The Contractor has not paid or agreed to pay any person, other than a bona fide employee working for it, any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from this Amendment.

D. ***Prior Terms Binding.*** Except as otherwise provided by this Amendment, the terms and conditions of the Agreement remain in full force and effect.

E. ***Electronic Signature and Delivery***. The Parties agree that a manually signed copy of this Amendment and any other document(s) attached to this Amendment delivered by facsimile, email or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this Amendment. No legally binding obligation shall be created with respect to a party until such party has delivered or caused to be delivered a manually signed copy of this Amendment.

[SIGNATURES CONTAINED ON NEXT PAGE]

[The remainder of this page is intentionally left blank.]

IN WITNESS WHEREOF, the City and the Contractor, through their duly authorized representatives, execute this Amendment to be effective as of the Effective Date.

CITY OF NEW ORLEANS

BY: _____
LATOYA CANTRELL, MAYOR

Executed on this 11th **of** May, **2023.**

FORM AND LEGALITY APPROVED:
Law Department

By: _____

Printed Name: _____

START CORPORATION, INC.

BY: _____
CASEY GUIDRY, EXECUTIVE DIRECTOR

_____
FEDERAL TAX I.D.

ATTACHMENT I

Amended: December 1, 2022

CONTRACT ANALYSIS DOCUMENT

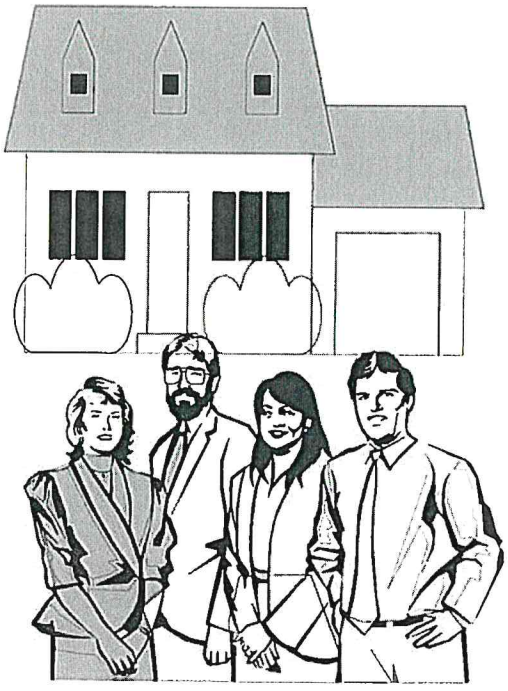
PROJECT DESCRIPTION

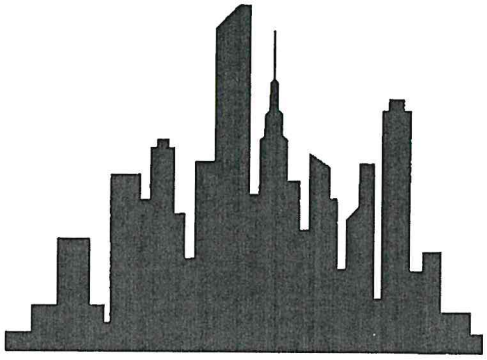
AND

BUDGET FORMS

FOR

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) CORONAVIRUS AIDS, RELIEF, AND ECONOMIC SECURITY (CARES) ACT





PROJECT INFORMATION SHEET

1. **Project**
   Name: CDBG-CV City's Low Barrier Shelter

   Program Category: CDBG-CV

   Type of Service: Shelter Operations

2. **Operating Agency**
   Name: Start Corporation, Inc.

   Address: 701 Loyola Ave, Suite 106

   City, State, Zip: New Orleans, LA 70130

   Telephone: (504) 558-9595 Fax: (504) 558-9599

3. **Contact Person**
   Name: Casey Guidry, LCSW

   Address: 106 School Street

   City, State, Zip: Houma, LA 70360

   Telephone: (985) 879-3966 Fax: (985) 872-4473

   Email address: casey.guidry@startcorp.org

4. **Executive Officer Name(s)**
   Name: Casey Guidry, LCSW

   Address: 106 School Street

   City, State, Zip: Houma, LA 70360

   Telephone: (985) 879-3966 Fax: (985) 872-4473

   Email address: casey.guidry@startcorp.org

5. **Bookkeeper or Accountant**
   Name/Firm: Angela Hebert

   Address: 235 Civic Center Blvd.

   City, State, Zip: Houma, LA 70360

   Telephone: (985) 266-8346 Fax:

   Email address: angela.hebert@startcorp.org

6. **Agency Type (Check One)**

8. Program Funding

a. Program Income:

Identify and list amounts of projected/current program income (if applicable):
(As a result of HUD/Office of Community Development funds)

SOURCE	*AMOUNT*	*TIME PERIOD*
1.	$	
2.	$	
3.	$	
4.	$	
5.	$	
Total		

*__Program Income__ means gross income received by a non-profit organization which is directly generated from the use of grant funds (i.e., CDBG, HOPWA, etc.). Example: Fees, rental payments and/or resale of a property acquired with HUD/Office of Community Development funds, etc.

b. Recommended/Anticipated Funding:
(Includes all other federal, state, and private funding to be used in the program)

SOURCE	*AMOUNT*	*TIME PERIOD*
1.City of New Orleans- CDBG-CV	$ 1,500,000.00	1/1/2023- 12/31/2023
2.City of New Orleans- CDBG-CV	$ 1,500,000.00	1/1/2022- 12/31/2022
3.	$	
4.	$	
Total	$ 3,000,000.00	

c. Leverage Funding:

(Include all funds that are used as leverage for the awarded CDBG funds. If the leverage is a loan, please provide us with the interest rate and loan period.)

Source	Amount	Time Period
1.	$	
2.	$	
3.	$	
4.	$	
Total		

d. ***Shared Costs:*** In the space provided below please list any and all items sharing costs with the CDBG program. This information will allow Office of Community Development to determine the necessity of a cost allocation plan for your agency.

STAFF

Fill in the table below listing the following:

- < Titles of persons who will be funded through this grant
- < If more than one employee with the same title and same percentage of time, please list only once and specify how many in the "number of each" column
- < The percentage (%) of time spent in rendering the services for that project.
  NOTE: If there are employees with the same titles but work disproportionate percentages (%) of time, please list the title and the percentage (%) of time for each employee.
- < Attach Job Description(s) for staff paid with City Funds.

TITLE	NUMBER OF EACH	% OF TIME	% OF SALARY
1.Program Director III	1	5%	5%
2.Site Supervisor	1	50%	50%
3.Lead Housing Advocate	5	50%	50%
4.Housing Advocate Full-time	8	100%	100%
5.Housing Advocate Part-time	6	100%	100%

PROFESSIONAL/CONTRACTUAL SERVICES

Fill in the table below listing the following:

- < Name of person/firm providing professional/contractual services through this grant
- < Type of service rendered (e.g., accounting, legal, evaluation, etc.)
- < The cost of the service to be provided
- < **NOTE:** Professional services must be bid by agency and approved by Office of Community Development.

NAME/FIRM	TYPE OF SERVICE	COST
Dante Cleaning Service	Janitorial	$162,000.00
Steele Security	Security	$359,460.00

PROJECT DESCRIPTION AND HISTORY

In the space provided below, describe the project/program to be implemented with CDBG-CV funds and give the history of the project/program. Describe the entire project/program and identify the specific component/components funded through CDBG-CV.

Start Corporation has more than 33 years' experience providing housing and supportive services to people in Southeast Louisiana. Start began as a nonprofit in Houma, Louisiana but has been serving the Greater New Orleans area since 2005. The current Low Barrier Shelter has been in operation Since 2017. The primary population served is low-income individuals, families experiencing homelessness and those with mental and/or physical disabilities in New Orleans.

Start Corporation will add 250 beds to the existing City of New Orleans Low Barrier Shelter for a total of 364 beds. Shelter efforts will include the ability for shelter guests to spread out due to the COVID-19 Pandemic. The additional space and beds will assist to prevent, prepare for, and respond to the spread of infectious diseases, including COVID-19 among the shelter guests and entire Orleans Parish population.

Start will provide services to "guests" that include homeless males and females 18 years of age and older, the LGBT community, U. S. Veterans, etc. will receive individualized case management services (which include medical and/or dental referrals to an on-site clinic), clean sanitized living quarters, 24-hour security, hot meals, safe housing for their pets and rapid rehousing into permanent housing for approximately 50 shelter guests.

CONTRACT SCOPE OF WORK/SHORT TERM OBJECTIVES

List the specific objectives to be achieved during the contract period based on the level of awarded funds (use more pages as necessary). This information will be used to develop the scope of work section of the contract. This information will also be used to track, measure, and evaluate agency performance throughout the contract period.

1. Coordinate and collaborate with the management and service providers of the Community Referral and Resources Center ("CRRC").
2. Provide income and eligibility determinations to 800 homeless men and women 18 years and older.
3. Provide intake into low barrier shelter to 500 homeless individuals.
4. Provide COVID-19 measures to ensure that efforts are in place to prevent, prepare for and respond to the pandemic for 500 homeless individuals.
5. Operate a 24 hour a day/365 day a year low barrier shelter for 500 homeless individuals.
6. Work with partners to assist 500 shelter participants in obtaining resources (permanent housing, food stamps, Medicaid, Social Security and/or Social Security Disability, VA benefits, and drug and/or alcohol rehabilitation services) needed to improve their quality of lives and to become self-sufficient.
7. Provide shelter for clients with pets if applicable.
8. Refer 300 clients for appropriate off- site medical and/or dental services base on the clients' intake assessment and needs.
9. Rapidly rehouse and provide permanent housing to 50 homeless individuals.
10. Provide 24/7 security for the Low Barrier Shelter (LBS) and the Community Resource and Referral Center (CRRC) to 500 shelter guests and staff.

BUDGET

OFFICE OF COMMUNITY DEVELOPMENT

LINE-ITEM DETAIL PPB3

BUDGET: ***$1,500,000.00*** ***YEAR: 2023***

ORGANIZATION NAME: Start Corporation, LLC.

PROJECT NAME AND NUMBER:	***DEPARTMENT:***	***PROGRAM:***	
CDBG-CV, City's Low Barrier Shelter	**OCD**	**CDBG-CV**	

ACCT. NO.	***LINE ITEM***	***REQUESTED UNIT BUDGET***	***FOR OCD USE ONLY***
1010	Program Director (1)	5,015.00	
1010	Site Manager (1)	26,970.00	
1010	Lead Housing Advocate (5)	85,467.00	
1010	Housing Advocate (8)	249,600.00	
1021	Housing Advocate PT (6)	102,960.00	
1110	Retirement	11,006.16	
1200	FICA	35,942.15	
1300	Group Health Insurance	40,355.92	
1400	Workers Compensation	2,751.54	
1790	Life Insurance	2,714.85	
1800	SUTA	2,926.77	
2150	Security Guard	359,460.000	
2150	Food Services	404,055.00	
2150	Janitorial Services	162,000.00	
3250	Office Supplies	8,955.61	

OFFICE OF COMMUNITY DEVELOPMENT

LINE-ITEM DETAIL PPB3

BUDGET: ***$1,500,000.00*** ***YEAR:2022***

ORGANIZATION NAME: Start Corporation, LLC.

PROJECT NAME AND NUMBER:	***DEPARTMENT:***	***PROGRAM:***	***OPTION CODE***
CD-CV, City's Low Barrier Shelter	**OCD**	***CDBG-CV***	

ACCT. NO.	***LINE ITEM***	***REQUESTED UNIT BUDGET***	***FOR OCD USE ONLY***
1010	Director (1)	4,600.00	
1010	Team Leader (1)	26,790.00	
1010	Lead Housing Advocate (5)	83,200.00	
1010	Housing Advocate (11)	303,160.00	
1021	Housing Advocate PT (3)	49,608.00	
1021	Housing Advocate PT (5)	68,900.00	
1110	Retirement	12,360.90	
1200	FICA	41,242.54	
1300	Group Health Insurance	45,323.50	
1400	Workers Compensation	3,090.23	
1790	Life Insurance	3,049.03	
1800	SUTA	3,666.06	
2150	Security Guard	280,000.00	
2150	Food Services	404,055.00	
2150	Janitorial Services	162,000.00	
3250	Office Supplies	8,774.94	

Briefly describe in each service category listed below the use of budgeted line item(s) listed on the PPB3.

1000 - Personal Services

See attached Budget with details

2000 - Contractual Services

See attached Budget with details

4000 - Equipment & Property

General Comments: Should include information not discussed in the budget narrative such as cost allocation plan. Example - your agency sharing the same office space with another program. Therefore, rent, utilities, etc. are shared.

CLASSIFICATION OF EXPENDITURE AND LINE ITEM NUMBERS

PERSONAL SERVICES (1000)

1010	*Salaries*
1011	*Sick Leave*
1020	*Overtime*
1021	*Part-Time Payroll*
1110	*Mun. Employees' Retirement Plan*
1200	*Social Security Taxes (FICA)*
1300	*Group Hospital Insurance*
1400	*Workers Comp. Insurance*
1600	*Terminal Leave*
1710	*Auto Allowance*
1720	*Uniform Allowance*
1730	*Chauffeurs Licenses*
1740	*Tool Allowance*
1760	*Pay Increment*
1790	*Life Insurance*
1900	*Sick Leave*

CONTRACTUAL SERVICES (2000)

2010	*Advertising*
2020	*Cleaning and Waste Removal*
2030	*Contributions & Prizes*
2040	*Convention & Travel Expen.*
2041	*Conv. & Travel Reimb.*
2050	*Dues and Subscriptions*
2060	*Education*
2080	*Fees of Board Members*
2090	*Fees, Taxes, and Assessment*
2091	*Photograph Expense*
2092	*Conveyance Certificates*
2093	*Mortgage Certificates*
2094	*Recordation Wens Exp.*
2095	*Demolition Expense*
2110	*Ins-Liab & Prop Damage*
2111	*Adj Contact*
2112	*Stop Loss Policy*
2113	*Physical Dam Auto*
2114	*Gen Liab Claims Reserve*
2115	*Auto Claims Reserve*
2120	*Ins-Surety Bonds*
2130	*Postage Freight Express*
2140	*Printing and Binding*
2150	*Professional Services*
2160	*Rents & Leases-Land Bldg*
2170	*Rents & Leases Other Prop*
2180	*Motor Vehicle Rep General*
2181	*Motor Vehicle Rep PM Insp.*
2182	*Mtr Vehicle Rep-Component*
2185	*Repairs and Maintenance*
2187	*Loan Subsidy*
2190	*Telephone - Local*
2210	*Telephone - Long Distance & Tel.*
2240	*Utilities*
2600	*Miscellaneous*
2800	*Indirect Cost*

SUPPLIES AND MATERIALS (3000)

3010	*Books and Pamphlets*
3020	*Building Supplies*
3030	*Clothing*
3213	*Motor Vehicle-Lubricants*
3214	*Motor-Vehicle-Fluids*
3215	*Motor Vehicle-Other*
3220	*Motor Vehicle-Parts*
3240	*Photographic Supplies*
3250	*Office Supplies*
3260	*Safety Supplies*
3271	*Vehicle Supplies-Battery*
3272	*Vehicle Supplies-Tires*
3273	*Vehicle Supplies-Welding*
3274	*Lawn Equip. Parts*
3999	*Capital Projects Expend*

EQUIPMENT & PROPERTY (4000)

4101	*Land*
4201	*Buildings & Improvements*
4352	*Bldg. & Power Plant Equip*
4354	*Cleaning & Laundry Equip*
4356	*Communications Equip*
4358	*Construction Equip*
4362	*Educ. & Recreation Equip.*
4364	*Engineering Equipment*
4368	*General Plant Equip.*
4374	*Medical Equipment*
4376	*Motor Vehicle*
4378	*Office Furniture & Equip.*
4382	*Refrig. & Air Cond. Equip.*
4390	*Miscellaneous*

ATTACHMENT IV

Email the colored scanned copy of this document along with support documentation to the following:

- Your Neighborhood Services & Facilities (NS&F) Program Manager
- mcsanchez@nola.gov

BUDGET AND COST CONTROL STATEMENT

Page 1 of 3

Amended 12/1/2022
Effective Date: 1/01/2023

Period Ending Dat	
Contract Period: J.	
Project Name: CDI	
Project Number: C	
PO #	
HUD Activity Nun	
Operating Agency	
OCD Authorizatio	

GRANT AMOUNT: $3,000,000.00

REPORTING CATEGORY:

Instructions for completing Cost Control Statement:
Add Columns (2, 3 and 4) to obtain Column (5), then Subtract Column 5) from Column (1) to obtain Column (6)

Organization Code	Option Code	(1)	(2)	(3)	(4)	(5)	(6)	
7494	CD	Amount Per Latest Approved Budget	Cost for Reported Month	Cumulative Cost Thru Last Month	Recoupment	YTD Cost Thru Reported Month	Balance of Funds	Q
Cost Category	Line Item							
	1010 Program Director III	$ 9,615.00				$ -	$ 9,615.00	
	1010 Site Manager	$ 53,760.00				$ -	$ 53,760.00	
	1010 Lead Housing Advocate (5)	$ 168,667.00				$ -	$ 168,667.00	
	1010 Housing Advocate FT (8)	$ 552,760.00				$ -	$ 552,760.00	
	1021 Housing Advocate PT (6)	$ 257,410.15				$ -	$ 257,410.15	
	1120 Retirement	$ 52,716.82				$ -	$ 52,716.82	
	1200 FICA	$ 52,248.70				$ -	$ 52,248.70	
	1300 Health Insurance	$ 48,074.84				$ -	$ 48,074.84	
	1400 Workers Comp	$ 5,805.08				$ -	$ 5,805.08	
	1790 Life Insurance	$ 5,975.80				$ -	$ 5,975.80	
	1800 SUTA	$ 3,666.06				$ -	$ 3,666.06	
	1000 - Subtotal:	**$ 1,210,699.45**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,210,699.45**	

BUDGET AND COST CONTROL STATEMENT (Page 2 of 3)

Instructions for completing COST CONTROL STATEMENT: Add Columns (2, 3 and 4) to obtain Column (5), then Subtract Column (5) from Column (1) to obtain Column (

Cost Category	Line Item	(1) Amount Per Latest Approved Budget	(2) Cost for Reported Month	(3) Cumulative Cost Thru Last Month	(4) Recoupment	(5) YTD Cost Thru Reported Month	(6) Balance of Funds	Q
2000 - Contractual Services	2150 Food Service	$ 639,460.00				$ -	$ 639,460.00	
	2150 Janitorial Services	$ 808,110.00				$ -	$ 808,110.00	
	2150 Security Guard	$ 324,000.00				$ -	$ 324,000.00	
	2000 - SUBTOTAL:	**$ 1,771,570.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,771,570.00**	
3000 - Supplies & Materials	3250 Office Supplies	$ 17,730.55				$ -	$ 17,730.55	
	3000 - SUBTOTAL:	**$ 17,730.55**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 17,730.55**	

BUDGET AND COST CONTROL STATEMENT (Page 3 of 3)

Instructions for completing COST CONTROL STATEMENT: Add Columns (2, 3 and 4) to obtain Column (5), then Subtract Column (5) from Column (1) to obtain Column (6).

Cost Category	Line Item	(1) Amount Per Latest Approved Budget	(2) Cost for Reported Month	(3) Cumulative Cost Thru Last Month	(4) Recoupment	(5) YTD Cost Thru Reported Month	(6) Balance of Funds	Q
4000 - Equipment & Property						$ -	$ -	
						$ -	$ -	
						$ -	$ -	
	4000 - SUBTOTAL:	$ -	$ -	$ -	$ -	$ -	$ -	
	BUDGET AMOUNT:	$ 3,000,000.00	$ -	$ -	$ -	$ -	$ 3,000,000.00	
	PROGRAM INCOME AMOUNT:							
	TOTAL AMOUNT REQUESTED:		$ -					
	LESS PROGRAM INCOME:							
	LESS QUESTIONED COST:							
	ALLOWED REIMBURSEMENT TOTAL:							

ERTIFICATION:

certify that to the best of my knowledge and belief this report is true in all aspects and that all
ıpporting documentation for which the agency is requesting reimbursement is maintained in
ompliance with the conditions of the contract and grant provisions.

For the Period Ending: _____

Cash Balance Beginning of Month $

Add: Cash Receipts: $

Less: Cash Disbursement: $

Cash Balance End of Month:$

This
payr

gnature of Authorized Official (Blue ink) Title Phone Number Ext.

Fisca

gnature of Accountant / Preparer Date Signed Phone Number Ext.

Date

ATTACHMENT VI
Amended: December 1, 2022

MONTHLY REPORTING REQUIREMENTS

Start Corporation, Inc.
CDBG-CV, City's Low Barrier Shelter
CD-CV07(21)

REPORTING MONTH: _____

1. Indicate the number of individuals provided homeless eligibility determinations. **(Target: 800 individuals)**

   This month: _____ To date: _____
   (New individuals only) (Total/ cumulative new individuals)

2. Indicate the number of guests provided low barrier shelter. **((Target: 500 guests)**

   This month: _____ To date: _____
   (New guests only) (Total/ cumulative new guests)

3. Indicate how many guests received case management services and referrals tailored to the homeless population? **(Target: 500 guests)**

   This month: _____ To date: _____
   (New guests only) (Total/ cumulative new guests)

   State the services provided: _____
   _____
   _____
   _____
   _____

4. Indicate how many guests received referrals for off-site medical and/or dental care? **(Target: 300 guests)**

   This month: _____ To date: _____
   (New guests only) (Total/ cumulative new guests)

5. Indicate how many guests received permanent housing? **(Target: 50 guests)**

   This month: _____ To date: _____
   (New guests only) (Total/ cumulative new guests)

7. List any problems that have or may have hampered the program's operation during the reporting month:

_____

_____

_____

_____
Signature of Director

_____
Date

City of New Orleans

PROGRAM INCOME REPORT

Attachment XII

Amended: December 1, 2022

Effective: January 1, 2023

Agency Name: Start Corporation, Inc.

TOTAL PROJECT AWARD:	$3,000,000.00	**PRIOR PERIOD P.I.**	$ -
PROGRAM INCOME FOR THE MONTH AND YEAR OF:		**CURRENT MONTH P.I.**	$ -
		YEAR TO DATE P.I.	$ -

SOURCES AND USES STATEMENT:	Project 1	Project 2	Project 3	Project 4	Total Program Income :
SOURCES OF INCOME:					
Interest income	$ -	$ -	$ -	$ -	$ -
Rentals	$ -	$ -	$ -	$ -	$ -
Sale of Property	$ -	$ -	$ -	$ -	$ -
Other_____	$ -	$ -	$ -	$ -	$ -
Total Income:	$ -	$ -	$ -	$ -	$ -
Percentage:	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
EXPENDITURES:					
Personnel Services:					
Personnel Salaries & Wages	$ -	$ -	$ -	$ -	$ -
Personnel Employee Benefits	$ -	$ -	$ -	$ -	$ -
Other_____	$ -	$ -	$ -	$ -	$ -
Sub-Total	$ -	$ -	$ -	$ -	$ -
Operations:					
Auto Expenses	$ -	$ -	$ -	$ -	$ -
Communications	$ -	$ -	$ -	$ -	$ -
Equipment & Property	$ -	$ -	$ -	$ -	$ -
Indirect Cost	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -
Lease	$ -	$ -	$ -	$ -	$ -
Marketing/Advertisements	$ -	$ -	$ -	$ -	$ -
Other Purchased Services	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -
Printing/Publications	$ -	$ -	$ -	$ -	$ -
Purchase Professional & Technical Services	$ -	$ -	$ -	$ -	$ -
Purchased Property Services	$ -	$ -	$ -	$ -	$ -
Supplies and Materials	$ -	$ -	$ -	$ -	$ -
Training/Conferences	$ -	$ -	$ -	$ -	$ -
Utilities	$ -	$ -	$ -	$ -	$ -
Other_____	$ -	$ -	$ -	$ -	$ -
Sub-Total	$ -	$ -	$ -	$ -	$ -
Contractual Services:					
(Enter Vendor Name)					
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -
Sub-Total	$ -	$ -	$ -	$ -	$ -
Total Expenditures:	$ -	$ -	$ -	$ -	$ -
Program Income Ending Balance:					$ -

Agency Authorized Signature: _____ **Date** _____

City of New Orleans Approval: _____ **Date** _____