



## Legislation Text

File #: 21-1689, Version: 1

**To:** Harris County Commissioners Court

**Through:** Adrienne M. Holloway, Ph.D., Executive Director, Community Services

**Prepared By:** Elizabeth R. Winfrey, Assistant Director, CSD Grants Management

**Subject:** FY 2019 Continuum of Care (CoC) Agreement

**Project ID (If applicable):**

### Purpose and Request:

Request that the County Judge execute an agreement with SEARCH Homeless Services in the amount of \$177,437 for the FY 2019 Northline SRO Continuum of Care Grant for the continued provision of supportive services to homeless, disabled persons.

### Background and Discussion:

On October 13, 2020, Commissioners Court authorized the acceptance of a Fiscal Year 2019 CoC Homeless Assistance Grant from the Department of Housing and Urban Development (HUD) which authorized CoC Program renewal funding in the amount of \$909,474.00 (of which \$577,488 is allocated to Harris County Community Services Department to provide rental subsidy payments and \$58,522 is allocated for administration costs). The acceptance was made on behalf of one (1) Subrecipient for a total of 53 (scattered-site) units of rental assistance to homeless, disabled adults and their families for the purpose of supplying decent, safe, and affordable housing for Harris County residents.

On November 12, 2020, HUD executed an amendment to the Grant Agreement budget that allows \$271,464.00 in CoC funds to be utilized to provide (scattered-site) supportive services to homeless, disabled adults, of which a total of \$177,436.80 will be utilized by SEARCH Homeless Services to provide the supportive services.

### Fiscal Impact:

*[INSTRUCTIONS: A short description of the cost of the request and where you are requesting funding from. No more than 2 sentences. In addition please fill out the table below. This includes financial impact to the current fiscal year and subsequent fiscal years along with the source of funding (general fund, grant, etc.). If the amount is within the current budget, please indicate the amount from 'Existing Department Budget'. If all of or part of the request is a new expense, please indicate funding source in the space provided.]*

Fiscal Summary			
Expenditures	FY 20-21	FY 21-22 Projected	Future Years Projected [3 additional years]
Service Impacted: <i>[Please division where expenditure</i>			
Existing Budget			
Additional Appropriation R			

<b>Total Expenditures</b>			
<b>Funding Sources</b>			
Existing Department Budget			
Please Identify Funding Sources: Special Revenue, Grant, etc.			
[INSERT FUNDING SOURCES]			
<b>Total Sources</b>			

**Alternatives:**

*[INSTRUCTIONS: In this section you should briefly discuss any viable alternatives, including the benefits and consequences of each. Include subtitles on the first line of each alternative to identify it. If appropriate, the financial impact of each alternative can be discussed. If taking no action is a viable alternative it should also be discussed, including any financial or other impacts that would result.]*

**Alignment with Strategic Objective:**

*[INSTRUCTIONS: Please write out the Department Strategic Objective impacted by this item.]*

**Attachments:**

*[INSTRUCTIONS: Please include a list of backup for this item with a short description of each if more than one.]*