

**AMENDMENT No. 1**  
**TO**  
**REVENUE SHARING AGREEMENT**

This AMENDMENT NO. 1 TO REVENUE SHARING AGREEMENT (“Amendment”) is by and between Metro Regional Government, a municipal corporation of the state of Oregon (“Metro”); Clackamas County, a political subdivision of the state of Oregon (“Clackamas”); Multnomah County, a political subdivision of the state of Oregon (“Multnomah”); and Washington County, a political subdivision of the state of Oregon (“Washington”). Washington, Multnomah, and Clackamas each are a “County” and are collectively referred to as the “Counties”; all parties to the Amendment are a “Party” and they are collectively referred to as the “Parties”.

**Recitals**

WHEREAS, the Parties are parties to the Revenue Sharing Agreement, effective June 1, 2021 (“Agreement”), which enables Metro to allocate funding collected from business and personal income taxes imposed by Metro under its Ordinance No. 20-1442 and Ballot Measure 26-210 (the “Measure”), which was approved by voters on May 19, 2020; and

WHEREAS, and as further set forth in the Agreement, the Counties use the Income Taxes to pay for supportive housing services consistent with each County’s Metro-approved Local Implementation Plan; and

WHEREAS, the Parties entered the Agreement to allow the Parties more time to work on a comprehensive intergovernmental agreement for the that funding (the “SHS IGA”); and

WHEREAS, the Parties require more time to conclude negotiations on the SHS IGA and have agreed to extend the Term, defined below, of the Agreement.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties, intending to be legally bound, hereby covenant and agree as follows:

**Agreement**

1. **Term Extension.** The second sentence of the Agreement at **Section 1** is deleted and replaced with the following:

The Agreement shall run from the Effective Date until November 1, 2021, and thereafter shall renew for additional one month periods with the written consent of the Parties’ (the “Term”). The Agreement shall terminate upon full execution of a SHS IGA by a County, unless otherwise terminated by a Party as provided in **Section 5**.

2. **Reporting.** The Counties will provide Metro a written update within thirty (30) days of execution of this Amendment. The written update will provide a summary of each County’s use of funding received from Metro under the Agreement for supportive housing “wrap around” services or other uses consistent with the terms of the Measure.

3. **No Other Changes.** This Amendment does not change or otherwise affect any other term of the Agreement.

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Signature Page**

The Amendment may be executed in multiple counterparts and may be electronically signed. Any verified electronic signatures appearing on the Amendment are the same as handwritten signatures for the purposes of validity, admissibility, and enforceability. Any reproduction of the Amendment made by reliable means is considered an original.

**Metro**

**Clackamas County**

**By:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Office of Metro Attorney Review:**

Reviewed: CARRIE MACLAREN, ATTORNEY FOR METRO

**Clackamas County Attorney Review:**

Reviewed: STEPHEN MADKOUR, COUNTY ATTORNEY FOR CLACKAMAS COUNTY, OREGON

**By:** \_\_\_\_\_

Assistant Metro Attorney

**By:** \_\_\_\_\_

Assistant County Attorney

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Multnomah County**

**Washington County**

**By:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Multnomah County Attorney Review:**

Reviewed: JENNY M. MADKOUR, COUNTY ATTORNEY FOR MULTNOMAH COUNTY, OREGON

**Washington County Attorney Review:**

Reviewed: TOM CARR, COUNTY ATTORNEY FOR WASHINGTON COUNTY, OREGON

**By:** \_\_\_\_\_

Assistant County Attorney

**By:** \_\_\_\_\_

Assistant County Attorney

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_