

# Assistance Award/Amendment

U.S. Department of Housing and  
Urban Development  
Office of Administration

1. Assistance Instrument <input checked="" type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Grant		2. Type of Action <input type="checkbox"/> Award <input checked="" type="checkbox"/> Amendment	
3. Instrument Number FF204K124013	4. Amendment Number 1	5. Effective Date of this Action	6. Control Number
7. Name and Address of Recipient Greensboro Human Relations Department 300 West Washington St. Plaza, P.O. Box 3136 Greensboro, NC 27402 TAX ID# 56-6000230		8. HUD Administering Office U.S. Department of HUD/FHEO Five Points Plaza, 16 <sup>th</sup> Floor 40 Marietta Street Atlanta, GA 30303-2806	
		8a. Name of Administrator Carlos Osegueda	8b. Telephone Number 678-732-2905
10. Recipient Project Manager Love Crossling, Director, Human Relations Department		9. HUD Government Technical Representative Valecia Bello, FHIP/FHAP Chief	
11. Assistance Arrangement <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Cost Sharing <input checked="" type="checkbox"/> Fixed Price	12. Payment Method <input type="checkbox"/> Treasury Check Reimbursement <input type="checkbox"/> Advance Check <input type="checkbox"/> Automated Clearinghouse	13. HUD Payment Office HUD CFO Accounting Center P. O. Box 901013, Fort Worth, TX 76101	
14. Assistance Amount		15. HUD Accounting and Appropriation Data	
Previous HUD Amount \$71,562		15a. Appropriation Number 8612/130144 (TIN) (M,12)	15b. Reservation number FHEO-04-12-02
HUD Amount this action \$1,000			
Total HUD Amount \$72,562		Amount Previously Obligated \$71,562	
Recipient Amount \$0		Obligation by this action \$1,000	
Total Instrument Amount \$72,562		Total Obligation \$72,562	

## 16. Description

THE COOPERATIVE AGREEMENT FOR FAIR HOUSING ASSISTANCE PROGRAM (FHAP) FY 2013.


THIS AGREEMENT INCORPORATES ALL PREVIOUSLY ISSUED SUBPARTS. FUNDS ARE DESIGNATED AS FOLLOWS:

FY13 CAUSE CASE PROCESSING: (07/01/12 THRU 06/30/13)

CAUSE CASES Bonus (1) \$1,000

TOTAL CONTRACT AMOUNT: \$1,000

Expiration Date: 09/30/2018

17. <input checked="" type="checkbox"/> Recipient is required to sign and return four (4) copies of this document to the HUD Administering Office		18. <input type="checkbox"/> Recipient is not required to sign this document.	
19. Recipient (By Name) Love Crossling, Director, Human Relations Department		20. HUD (By Name) Carlos Osegueda, FHEO Region IV Director	
Signature & Title 	Date (mm/dd/yyyy) 9.18.2013	Signature & Title	Date (mm/dd/yyyy)